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# *The* PUBLIC HEALTH NURSE



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No. 11

## Health Conservation and the Nursing Profession

By WILLIAM F. SNOW

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# *The* PUBLIC HEALTH NURSE

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## EDITORIAL

### CORRESPONDENCE COURSES

**A**NNOUNCEMENTS of correspondence courses open to public health nurses from the Departments of Health of New York and Ohio have recently been made. The one in New York is called "the Extramural Course in Public Health Nursing," and the one in Ohio a "Correspondence Study Course." The chief aim of both of these seems to be as expressed in the Bulletin of the Department of Health of New York, which says, "There needs to be a minimum standard body of facts, with which every one of us must be familiar, if our immediate work is to count as it should" and is for "a common outlook upon a field of work, and our responsibilities and opportunities therein." In each state the emphasis is to be upon the particular state conditions, laws and programs.

In New York the course is open not only to nurses of New York and other states, but also to any persons "who feel they may be benefited by taking it." Out of the 250 accepted registrants of this course 7 are not signed as registered nurses. This is doubtless due to the fact that the emphasis has been put upon meeting the nurses' needs and also because

it is announced as a course in public health nursing. The fact that this course is open to any person without careful consideration of previous academic or professional education excludes any possibility of its being given credit or recognition in any university offering work in public health nursing.

It has been distinctly stated by those directing these correspondence courses that they in no sense take the place of formal training in public health nursing. In Ohio the aim of the course is stated to be "a means of acquainting them (the nurses of the state) with the scope and limitations of laws and procedures under State local public health administration." It is in no way comparable with the work which is being done "within the walls" of the 15 or more universities now offering post-graduate courses in public health nursing. Nor can it be considered the most desirable preparation or sufficient for meeting the many and important problems in the fields of public health nursing except under circumstances of proper and close supervision and direction.

A "Certificate" will be granted by the Department of Health of New

York State upon successful completion of the required study and one week's residence. It is perhaps the granting of this certificate that makes us a little anxious in regard to this course. The diploma of the eighth grade "graduation" which doubtless in its day stimulated many to continue their schooling until they had gained the impressive emblem, has, as we know, been the stumbling block of "Completed Education" to many others.

They say the test of whether a thing is "good" or not is largely dependent upon its "leading on" qualities. That which stimulates growth, and gives the knowledge upon which growth feeds, is sure to open up new vistas of interest and desire for more knowledge. A body of knowledge even though small in amount, common to a large group, makes possible a kind of intercourse within the group which makes for growth. Common knowledge of problems, interests and aims makes for constructive team work. It is in the light of these things that we are considering these correspondence courses. If they accomplish their expressed aims, "a common outlook upon a field of work and our responsibilities and opportunities therein," they are indeed worth while.

G. E. HODGMAN.

#### THE PRACTICAL POWER OF GENIUS

On December 27, 1922, will be celebrated the centenary of the birth of Louis Pasteur. The name and achievements of this great Frenchman have become household words, but we are sometimes apt to overlook or to forget the fact that his studies and discoveries laid some of the first foundations of Preventive Medicine. According to the conception of Pasteur, we find that already in 1882 "a medical knowledge of disease is nothing; it must be prevented beforehand." Before him, others had discovered cures for certain diseases; he, by his genius, his imagination ever governed and restrained by

the most exact scientific method, by his "perseverance in effort," disclosed the causes underlying disease. "Before him," said Sir William Osler, "Egyptian darkness; with his advent a light that brightens more and more as the years give us ever fuller knowledge."

Few lives in history offer so much of encouragement to the earnest student as does that of Louis Pasteur. His parents had neither wealth nor social distinction to confer on him, but they ensured to him gifts of moral worth and education which caused him, in the prime of his life and work, to ascribe to them the credit for the qualities of enthusiasm, patience, untiring effort, and the love of great men and great things which had inspired him to those studies which had already been so fruitful. In his student life he did not show brilliant gifts; others passed him in the race for honors and distinction. He had no unusual tools to work with; the student of the humblest college of the present day has better facilities for his laboratory work than had Pasteur—he worked in a garret at the *Ecole Normale*, even as Claude Bernard, at the *College de France*, worked in a cellar. Nothing came to him easily, all was the result of constant and most painstaking effort. Gifted as he was with imagination that glimpsed, while yet afar off, the wonderful goal that lay ever at the end of each road he trod, in perhaps no other man was that gift of genius so sternly subjected to the laws of scientific accuracy. Never willing to affirm a fact until repeated experiments closed every conceivable door of error, he fought for the proven truth with all the energy of his intensely enthusiastic nature. "Worship the spirit of criticism," was his plea in the address which he made at the inauguration of the Pasteur Institute. "It is indeed a hard task, when you believe you have found an important scientific fact and are feverishly anxious to publish it, to constrain yourself for days, weeks, years sometimes, to fight with your-



self, to try and ruin your own experiments and only to proclaim your discovery after having exhausted all contrary hypotheses. But when, after so many efforts, you have at last arrived at a certainty, your joy is one of the greatest which can be felt by a human soul."

In the prime of his life he was struck by paralysis, and though he made a splendid recovery, he had thenceforward to struggle against imperfect health and the danger of a recurrence; yet this was not allowed to interfere with his work, and his most brilliant achievements were made after that period.

Emanating from Pasteur's first researches in crystallography and fermentation, we trace the long sequence of discoveries by him or along the channels which he had opened; and one by one, in wonderful and orderly sequence, we see the most terrible scourges of beast and man held in check, subdued and vanquished.

A great writer once said that "The true romance which the world exists to realize will be the transformation of genius into practical power." Few men, if any, ever achieved that transformation in such a remarkable degree as Pasteur. Measured in money alone, his discoveries were said to have saved to France a sum equal to the whole indemnity paid to Germany after the War of 1870. Add to this the incalculable saving of human life and human suffering, and we realize the justice of the statement that "To no one man has it ever been given to accomplish work of such great importance for the well-being of humanity."

And while we admire and revere the genius of the scientist, we can-

not study the character of the man without loving him. His loyalty at all times to the truth; his affection for his masters, and generous recognition of the achievements of his pupils and collaborators; his devoted attachment to his friends; his cult of the home—all these were great gifts of character. We see him listening patiently, and never unavailingly, to the pleas and explanations of the laborers who brought their wines to him to be "cured;" we find him shrinking from the contemplation of suffering, yet using that sensitiveness as a spur to new efforts for the vanquishing of pain; we share his own happiness in his love of little children; we thrill in sympathy with his eager patriotism, which laid all his accomplishments on the altar of his country's service and his country's glory.

And above and beyond all we find his unalterable belief in God and in Eternity. When he was admitted to the *Academie Francaise*, it fell to Renan to welcome him as a member. Into the speech which he made on that occasion, Pasteur wrote these words:

"He who proclaims the existence of the Infinite—and none can avoid it—accumulates in that affirmation more of the supernatural than is to be found in all the miracles of all the religions; \* \* \* Blessed is he who carries within himself a God, an ideal, and who obeys it; ideal of art, ideal of science, ideal of the gospel virtues, therein lie the springs of great thoughts and great actions; they all reflect light from the Infinite."

It was such an ideal that he himself followed, and that became translated in his life into practical power.

NOTE: An outline of the life of Pasteur will be found elsewhere in this issue.

## MEETING A NEED ON GLASSY MOUNTAIN

By LYDIA SPOENEMANN

*State Board of Health*

South Carolina

A DOCTOR in Glassy Mountain township reported a family in destitute circumstances, with influenza, and one daughter with a fractured femur, living on the top of Glassy Mountain; and he asked the nurse to call. I went up to see him the same day and asked for directions. He told me I could not possibly make the trip in less than a day; that I must drive my car to the foot of the mountain, then leave it with a family named Phillips, and get some of the men to drive me up in a wagon from there.

From the doctor's description it did not seem likely there would be much to work with; so, having other business in Poe Mill I went to see Mr. Poe and asked him to donate enough material for half a dozen sheets. This he did, and I hemmed them after nine that evening. The next morning, armed with these and other necessary equipment, besides some fruit, etc., I started.

On the way I stopped to give a bath and enema to another patient, and reached the Phillips home about 12:30—only to find that all the men and mules were in the field. Mrs. Phillips assured me that I could not get anyone to take me until the next day; she further informed me that it was about four miles (save the mark!) to the top of the mountain, around the wagon road. That did not sound far, so I decided to hike. She gave me some buttermilk to drink, and then, armed with my bag and two sheets and pillow cases I started "in low" to climb that mountain.

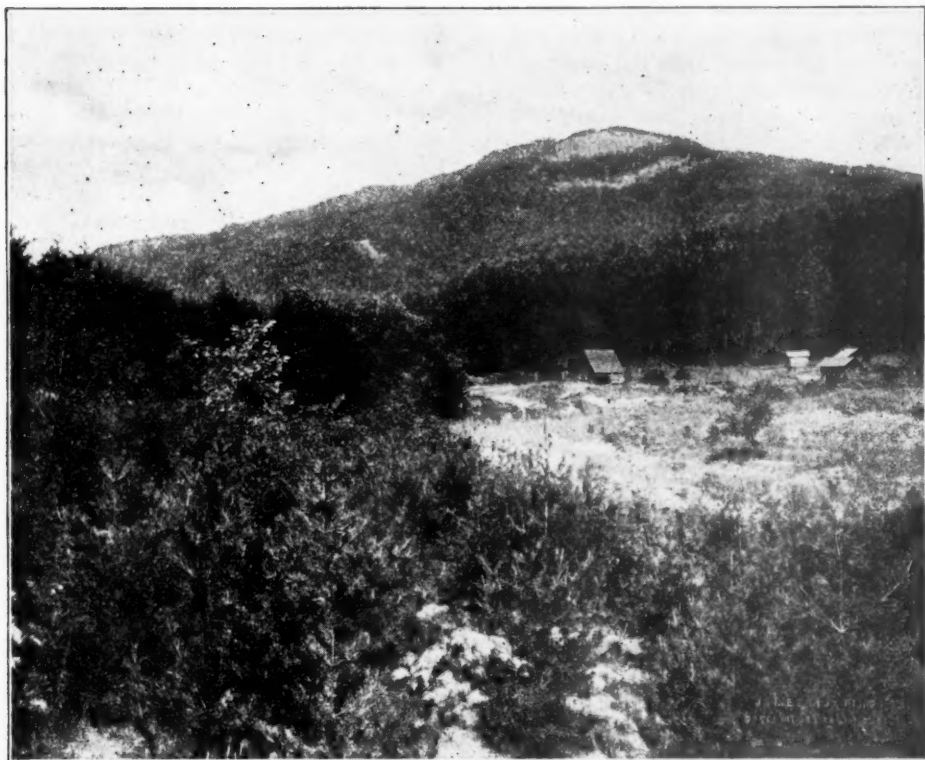
Well, the scenery was beautiful, but it was hard work and I got pretty hot. At the top of the first ridge I thought I must be nearly there. I met a man who lived on the top of the plateau, and he sent me to his house to rest, and his wife showed me a

short cut through the woods back to the road. It was awfully steep, and my heart almost suffocated me. After a while I came to a stream and had a drink and bathed my face and hands; there were several more before my destination was reached, and they were always so refreshing. It was a dreadfully long trip, across ever so many ridges. Once a flock of buzzards flew down very close to where I was resting; they looked very expectant, but I fooled them. The woods were really beautiful, all the trees were in bloom, and in the most unexpected places I came upon the loveliest beds of fragrant lavender iris.

At last I came to the settlement. Never was I so glad to see a church and apple trees and ploughed fields and to hear the barking of a dog. Even then it was a long way to my goal. Finally, I saw a house at the foot of a hill; I did hope that it was the right house, because it seemed that it would be impossible to climb up again. It was not; but the woman who lived there had just recovered from eclampsia and had been reported to me, too. So, while resting I gave her instructions about her diet and how to take care of herself, and asked her to fix a specimen of urine for me to take back for examination. Then her sister took me up the hill to the house where the girl with the broken leg lived. I was so wobbly I nearly fell in the creek crossing over the foot log.

My nice new sheets were very much needed. I gave the patient a bath, and her sister Mary was called in to understudy my work. It was so long since the girl had had a bath that her skin was scaly. The house had no windows and was dark and very untidy. All the family, except the sick girl, looked as if they had hookworm.

By the time my patient was cared



*Glassy Mountain, so called because the big rock looks glassy in the sunlight*

for I was very hungry. They were frying ham in the kitchen and it smelled good, but the looks of the kitchen discouraged me somewhat; besides, I had been instructed by the woman who showed me the short cut to stay all night with a family where there was a new baby. So when my work was finished the boys drove me over to this house in a wagon.

The folks were through supper, but on learning who I was and why I had come they built a new fire in the stove and made hot biscuits and gave me a royal feast, to which, needless to say, hearty justice was done. I was too tired to do anything for the mother or the two days' old baby that night, and they both looked well, so I went to bed. This house had no windows either, except one that was wooden and opened like a door, and this was right over the young mother's head, so we could not open it. Presently all the family

retired; and then, just as everything had become quiet, the rats began to frolic. There must have been a hundred—they were in the springs of my bed, and everywhere else. I lay awake about an hour and then decided that if one bit me I would probably awaken; so, after making sure they could not get on the bed over my head, I slept the sleep of the just. In the morning I enjoyed my breakfast, even while wondering how much of it the rats had been over.

After breakfast I bathed the mother and baby and put nice clean things on them both and on the bed; and then walked back to the patient with the broken leg. This time Mary gave the bath and really did very well. She has since sent me specimen of stool from the whole family, and most of them have worms. Then I went again to the first house and got the specimen of urine (which was later found to be negative); and then one

of the boys drove me back down the mountain. On the way I stopped to get specimens of sputum and stool from another family, and arrived home at last, tired but triumphant.

A few days later I was called up into that country again to see some influenza-pneumonia patients. This time I took with me one of the seniors from the City Hospital who is taking public health training with us. There were two families, and I left my companion to bathe the first one, a young man, and went on to the other family myself, with the minister, who was driving. The next day I brought a private duty nurse up to the first patient, as he was financially able to have everything he needed.

The other family, however, was destitute. The father had been killed

the year before; one child had died of pneumonia two months previously; an eighteen-year old daughter lay dead of pneumonia in the sitting-room; and two girls, three and fourteen, respectively, lay in a cold, dark little bedroom on straw ticks, without sheets, their feet in the straw and their clothes stiff with dirt, with temperatures over 104. The mother sat in the kitchen by the fire and did not seem to know what was happening. The preacher and I moved the dead girl, and put the sick children into the sitting-room on a more comfortable bed; then I bathed them both, while the minister went out to borrow sheets. The next day they were both worse, so we took them to the hospital, where the baby died and the older girl will get well.

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### A CONTRAST

An interesting commentary on the value of the full-time health officer is supplied by two reports of a smallpox outbreak, appearing recently in the Public Health Reports of the United States Public Health Service. According to the first report, a prisoner in the county jail at Poteau, Okla., was taken sick with smallpox December 5th; he had been in Kansas City, Mo., in November, at a time when smallpox of a virulent type was epidemic in that city. Eighteen secondary cases appeared among prisoners at the jail—every prisoner who had not been vaccinated contracting the disease, while ten others who had been successfully vaccinated within the three preceding years escaped, although they were in intimate contact with virulent cases. Of the eighteen cases, nine died. Shortly afterwards five prisoners broke jail and were not apprehended. In addition to the cases in the jail, 19 cases occurred outside, with 15 deaths.

The sequel is interesting and instructive. Of the five persons who broke jail, one was reported to have died in Alabama, and a later account shows that this man found his way to a home located in a county in Alabama in which the U. S. Public Health Service was co-operating with the state and local health authorities in a demonstration in rural health work directed by a whole-time health officer. The report of this officer shows that the case in question, which was virulent and ended fatally, was found soon after onset; that measures of inspection, isolation and vaccination were promptly carried out; that only one secondary case developed—a mild one, apparently vaccinated too late to give full protection.

The contrast between these two instances is striking. In Poteau, where there was no full-time health inspector, 38 cases and 24 deaths resulted from the infection introduced by one person; in the second case, where there was a whole-time county health officer, only one mild secondary case followed the infective case.



## HEALTH CONSERVATION AND THE NURSING PROFESSION\*

By WILLIAM F. SNOW, M. D.

**I**N the brief time at my disposal I can only summarize views which many hold regarding the important place the nursing profession occupies in future plans for health conservation. If my remarks seem not to have the support of carefully considered data, it is because time does not permit the presentation of the underlying reasons for the views I shall try to present.

To successfully apply modern knowledge of medicine, we must (1) have physicians, nurses, pharmacists and dentists; (2) we must have pathologists, and diagnostic technicians (*i.e.*, in bacteriology, physiological chemistry, Roentgen Ray examination, etc.); (3) we must have trained personnel for the preparation of serums and other biologic products.

Similarly, to succeed in the prevention of disease and the promotion of the highest standards of healthful living, we must have (1) public health officials, hygienic laboratory technicians, sanitary inspectors, statisticians and other special appointees of health departments; (2) we must have public health nurses. Whether they be appointed to the staff of the health department alone or to that of the school and other departments, also is a matter of detail; (3) gradually other special workers in the fields of health conservation are being developed, such as nutrition experts.

Experience with all of these groups has convinced the public that it is sound policy to require some standardization of training and fitness for these occupations. Consequently, we must license these professional and technical workers for health conservation. And licensure by the state demands a return in service to the state. If this statement is accepted the public authorities have

the grounds on which to demand proper data regarding births, deaths, communicable disease records, case records, and social investigations.

Recognition of the public need for all these licensed individuals will avail us nothing unless we can secure a sufficient personnel, and this means adequate teaching in fully equipped training schools provided with interne or practice opportunities for each student. Again experience has shown the desirability of licensure or other official recognition of such schools by the State.

The service costs to the public and to the individual for the use of modern facilities and professional attendance in all these ways must be reasonable and within the reach of the average economically independent citizen and family. In accomplishing this we must keep our health measures and private practice arrangements so plastic as to admit of constant change and new adjustments without seriously disturbing the functioning of the whole machinery.

Granted all this is provided for, we still must have adequate educational and informational methods of impressing upon the people the advantages of securing these facilities for their respective communities. Otherwise the destructive influence of ignorance or misinformation spread by unscrupulous persons for ulterior motives will prevent the achieving of success. One more thing is essential. We must provide for further development of experiments and demonstrations to secure steady improvement not only in our knowledge but also in our administration. It is important to realize and to make the public understand that there are 1922 models for health conservation as well as 1922 models for automobiles,

\* Abstract of remarks of Dr. William F. Snow, June 28th, before the Convention of the National Organizations of Nurses of the United States, Seattle, Washington.

and that frequently new scientific or social discoveries have made our practices of a given year obsolete in the year following. The story of yellow fever transmission affords a striking example of this. There are innumerable other illustrations. Public health has come through the stages of modification and improvement due to sanitation, application of vaccines and other biologic products, the extermination of insect carriers, and the other outstanding methods of control of disease along similar or analogous lines of effort. Marvelous as have been the results there remain the still greater achievements possible through control of human contact diseases such as syphilis, tuberculosis, pneumonia and of the so-called degenerative diseases and pathological entities, whether largely due to infections as in heart disease or to other causes as in kidney lesions, or unknown causes as in cancer. In all these groups of insidious and deadly diseases early diagnosis, careful hygienic regimen, prompt surgical interference or medical treatment, follow-up service, protection of intimate associates, adjustment of work and recreation are vitally essential for both public and individual. There is hardly any limit to the reductions in prevalence of morbidity and mortality from these diseases which are possible of accomplishment. On the other hand there is hardly any hope of preventing increases in their prevalence unless all of the personnel mentioned and measures outlined are employed and kept continuously at the task.

In all this new stage of preventive medicine and health conservation in its larger aspects, the nurse, including not only the public health nurse but all nurses, occupies a most strategic position midway between the private practitioner and the public health official. She has the opportunity to understand the viewpoints of both and to reconcile the two. She is employed by the family not by the doctor, or by the public not by the health officer, and her

allegiance and her duty under her license is to the family and the public. There should be a more definite agreement on the rights and duties of the nurse in cases concerning the public health. If the view set forth above is sound, that the licensing of physicians and nurses entails obligations on both to conserve the public welfare, then nurses equally with the physicians are in duty bound to secure prompt reporting of communicable diseases and the observance of all other public health measures. As has been pointed out, the nurse is actually employed by the family under state license to practice her profession, and the least she can do when the physician is not fulfilling his duties or the family is not carrying out its part in protecting the community is to withdraw from the case, just as the consulting physician would do in like instance. Beyond this many hold that it is the duty of the nurse, in common with all of the other licensed persons named, to report directly to the health department serious infractions of the health and sanitary codes. To bring about such an agreement it has been suggested by Colonel Emerson and others that there should be a medical advisory board of leading physicians for every nursing association, particularly for public health nursing and visiting nurse associations. Such a board could confer with the representatives of the nursing organization on policies and professional relations. Not only could public health interests of the community as affected by these two important groups of professional associates be safeguarded in this way, but an agreement on "Standing Orders" and what the nurse may do in emergencies, could be worked out for each community. These matters are vastly important, especially in rural districts and areas with too few physicians.

I realize that what I have said may not meet with approval of either doctors or nurses and there is no time to develop the affirmative side of the case. I have tried merely to present

a series of more or less related viewpoints for general discussion. It will readily be seen that I consider the nurse a partner or associate of the physician in all medical and public health work—not merely his assistant to do his bidding. But this is not to say that the physician is not in full command of any given case. The nurse is *not* a doctor. Neither is she a nutrition worker or school nurse or other specialist in the nursing field, unless she qualifies after she receives her general professional training. Furthermore, she is not a police-woman; much confusion in the development of measures for combating the venereal diseases has arisen from the fact that nurses, doctors and health officers have all assumed duties belonging to the police and court officials. The nurse is of course intimately concerned with the work of all these. In fact the keynote of further rapid advances in health conservation is, I believe, dependent on the clarity of vision and sureness of action of the nursing profession in developing team work among all these special groups.

To the nursing profession more than to any other at present may the public look hopefully for quiet leadership in educating the fathers, mothers and children of the nation to understand and utilize the skill and knowledge of the medical and public health professions. In all this work the nurse is the ally and close associate also of the teacher and the trained social worker. The old phrase "In union there is strength" is true in the field of health conservation as in other fields, but success can only come through the most flexible union and intelligent application of knowledge to ever varying local conditions.

I have been one of those who have believed in the importance of state licensing of nurses, in the recognition of the R. N., the development of nurse specialists, and in the organization of nurses in National Volunteer Associations, but I wish to take the last minute of my time to emphasize the need for careful consideration of the

dangers involved in too rapid progress along these lines. The history of the medical profession in this regard has much to teach you. A high standard for the R. N. is excellent, but the forcing of this standard to a point where the number of persons who qualify is below the demand of the public for ordinary nursing service, or to a point where standard and organization combined result in establishing nursing fees beyond the ability of the average citizen to pay, will inevitably bring about a reaction disastrous alike to the nursing profession and to the public. The medical profession has abandoned largely the old family physician and is now struggling to extricate itself from the dilemma of over-specialization. This is not because the public does not want specialists, but because it must have in addition enough general practitioners available at fees within the reach of the average wage earner and small farmer or business man. I hope the nursing profession will successfully meet the similar situation confronting it. Whether this be through securing proper registration of nursing aids or general short course graduates, as a sort of junior nursing technician group distinct from the full professional senior nurses who are accorded the R. N. and constitute the specialist group in demand for hospital, public health, and school service of great responsibility; or whether some other solution is worked out, matters little—provided it is a real solution, and not merely a paper plan imposed upon an unwilling public until sufficient interest is aroused to change the licensing laws and prevailing views regarding the nursing profession. One thing may be set down as certain; whenever the public does make up its mind that a service, commodity or profession has outlived its usefulness, it is promptly scrapped and something new or at least different is set up in its place. This can happen to the nursing profession as it has happened in countless cases before.

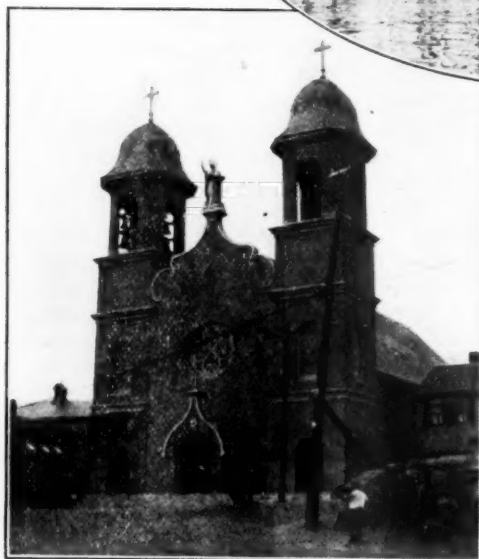
You stand, in a sense, at the parting of the ways.

I am a member of the medical profession who is standing on the side lines with a host of your well-wishers and associates among physi-

cians watching with intense interest the growth and development of the nursing profession in all that relates to the professional achievement and to the public welfare.



*Gloucester Harbor*



*Church of our Lady of the Good Voyage*

The members of the Massachusetts State Nurses' Association were entertained in a very unique way on the occasion of their Autumn Meeting, which was held at Gloucester, the delightful fishing port on Cape Ann. In the northern tower of the Church of Our Lady of the Good Voyage, a carillon of 25 bells has been installed. So far as is known, no other such group of bells played by keyboard exists in this country today. They were played for the first time on July 23, 1922; and the nurses were honored by a concert on October 7th.

The congregation of the church is made up of people of Portuguese descent; they have brought from Portugal or the Azores many customs and ceremonies from the home of their ancestors. Among the church institutions of their native land were the carillons of bells, played by a clavier or keyboard, which originated

in the Low Countries of the seventeenth century. The parishioners of the Church of Our Lady of the Good Voyage raised \$10,000 for the carillon of 25 bells; they were made in England, and admitted free of duty to this country by a special act of Congress.

The Church is located in a high part of the town, and from the hill just behind a splendid view of the beautiful harbor may be obtained, and among the many points of interest within sight is Norman's Woe, made famous by the tragedy of the wreck of the *Hesperus*.



# THE FUNCTION OF PUBLIC HEALTH NURSES IN THE MENTAL HYGIENE MOVEMENT\*

By ALMA C. HAUPT

*Superintendent, Minneapolis Visiting Nurse Association  
Minneapolis, Minnesota*

**O**PPORTUNITIES in the Field of Nursing" is a slogan which fills our profession with pride and with hope. When Public Health Nurses consider their place in the mental hygiene movement, the door of opportunity is again open and this time in almost a new field, for, as yet, few nurses have had the training for it. Social workers and doctors are beginning to prepare themselves for the handling of mental patients. It is time now that nurses realize their responsibility and make themselves fit for their share in this work.

First let us consider what, in general, mental hygiene is. Dr. L. F. Barker of Baltimore, one time president of the National Committee for Mental Hygiene, says, "By a campaign for mental hygiene is meant a continuous effort directed toward conserving and improving the minds of the people, in other words, a systematic attempt to secure human brains, so naturally endowed and so nurtured, that people will think better, feel better, and act better than they do now."

Again we read that mental hygiene is concerned with "the best mental development and habits of all human beings," that it deals not with an arm or a leg or a heart, but with the whole personality of an individual. It is concerned with the way a person gets along with his companions and the way he meets the problems of life. It is closely related to inheritance and early environment of the child. It deals largely with two groups that every nurse should know: one, the mentally defective known as the "feeble-minded;" the other the mentally sick, known as the "insane." The problem of mental hygiene has

vast social significance, for not alone does it consider the prevention of insanity and mental defect, but it is closely related to the prevention of crime, delinquency and dependency. As Dr. Wm. C. Sandy says, "Mental hygiene activities of the right sort tend to raise the general morale of the community."

The problem of all mental work is the problem of human understanding. The successful worker must not only understand the patient himself, but must also understand the patient's family. The need of this is apparent in the following story:

A social worker one time visited the home of a twelve year old boy, Moses. The only member of the family, other than Moses, who could speak and understand English, was a sixteen year old daughter. Trying to make the sister realize that Moses' backwardness in school was due to lack of home understanding, the social worker said, "I am afraid Moses does not have the right atmosphere at home." "Oh no," exclaimed the sister brightly, "that isn't it, because we have the windows open every night."

According to Dr. Barker there are three fields in the mental hygiene program. First is the field of research, gathering facts about mental conditions and trying to discover the causes of difficulties. Second is the field of education, making known these facts and broadcasting them. Third is the organization of agencies through whom the individuals are reached.

The aim of this paper is to show that in each of the three fields described by Dr. Barker there are definite possibilities of usefulness for

\* Paper read before Mental Hygiene Session, American Nurses' Association, Seattle, June 29, 1922.

the Public Health Nurse who is properly trained in mental hygiene. The second aim is to give to all nurses some suggestions for becoming educated in this field.

Perhaps we find our least opportunity in the field of research. Here our particular value will be to note the number of mental cases in our community and to report the figures to those interested.

In the next field, education, we have a great big job and immediately we think of what a school nurse may do. In addition to her function of noticing defects and keeping up the physical health, she should observe the behavior of a child. She may advocate the need of special classes for backward children, of specialized training for the feeble minded. She should be a helper to the teacher in understanding difficult children, in tracing the difficulty to the home and in accomplishing a closer understanding between the home and the school. Perhaps it will be her privilege to address Parents and Teachers Associations where she may discuss the training of children, the need of the child for play, the value of discipline, etc. She may be able to give simple talks to groups of children on sex hygiene. And finally, in education she may be able to urge a greater use of the school for community activities which break down certain barriers that the parents may have toward the school, thereby opening up greater recreational opportunities for the whole neighborhood.

There are certain definite contributions which Public Health Nurses may make in their educational work outside of the school, through clubs, classes and other community organizations. One is to teach the meaning of mental hygiene and to eliminate the stigma so frequently attached to mental diseases. Also nurses are needed to inform the public about mental hospitals that they may enjoy better recognition and that families will not dread commitment so much.

Not long ago a young woman had

a depression followed by a period of acute excitement which made it necessary for her to go to a hospital. The mother could not afford the private hospital rates for more than one month so, in great distress, sent for a Public Health Nurse. She had many fears about the state hospital, knew little of its operation and management. She was also most ignorant of her daughter's illness although the doctor had told her that it was manic depressive insanity and that the prognosis was good. It was a comfort to that mother to know that others had recovered from this condition, that it ran a fairly definite course and that many who went to the state hospital returned improved. The mother was made to see the injustice of spending all of her money for care in a private hospital when it meant her other children would suffer. The day after the nurse's visit the patient was transferred to the state hospital from which she returned in good condition after a few months.

In addition to helping families understand better the mental hospital, a nurse may also make it possible for a family to accept a mental diagnosis which is often difficult and often heart breaking. We know at present of a girl of 22 whose mother removed her from a state hospital against advice because she believed the girl was well, although the diagnosis is dementia praecox and although the girl sits idly in a chair giggling most of the day and indulges at least once a week in a period of frightful screaming. She dreams that she is in heaven and her father is there making brass beds. She also believes the neighbors talk about her and make improper advances to her. Now all of this the mother attributes to physical illness and she has made up her mind that Ruth will die in a very short time. Therefore she wishes to spare her any further experience in the state hospital. The funds of the mother are practically gone and her appeals to various agencies for help in paying

for Ruth's lodging in a private home, have all been met by the same reply, "The place for Ruth is in the state hospital." The nurses and social workers have not yet given up hope of educating the mother to the proper care for Ruth and of helping her to understand that Ruth's peculiarities are signs of mental illness.

In education, then, the Public Health Nurse who is trained in this specialty, may spread information about mental hygiene through schools, through talks to classes, clubs and community organizations, and through individual teaching in the home of her patients.

Perhaps the most tangible mental hygiene work done by Public Health Nurses is accomplished in the third field, that of organization. Is it not true that our existing public health nursing agencies all meet mental hygiene problems frequently and to some extent attempt to solve them, because the mental problem may be a real obstacle to the solving of the physical health problem? School nurses have told me that the feeble-mindedness or insanity of a parent is one of the greatest handicaps in correcting the physical defects in children. An infant welfare nurse exclaimed, "When a mother is too mentally defective to feed and care for her baby as we direct, I feel that much of our work is useless." The story of Baby Muriel substantiates this statement:

When Muriel's mother was pregnant she was considered "queer." After the baby arrived, the queerness increased and the home conditions became worse. All the children were filthy; the improvised beds made of mattresses spread across soap boxes, became unspeakable. After several months of visiting on the part of the infant welfare nurse, during which time no improvement was noticed, an unusual thing happened. While the nurse was in the home, the mother suddenly got up, grabbed her baby and with no farewell, ran to a neighbor's home. The next day the woman

accused the nurse of doping her, claiming that medicine in the nurse's bag had been spilled and had left a terrible odor in the house which had cast a spell over her. Realizing that the health of the baby was absolutely dependent upon the condition of the mother, the nurse turned over the problem to a worker further equipped to handle it.

Similarly the county nurse, the general visiting nurse, the industrial nurse and particularly nurses working with venereal diseases, are frequently meeting the mental case.

An industrial nurse tells us of a certain motorman for a street car company who worked up to the position of foreman of the station. He then began to have grandiose ideas and rosy dreams of financial success in life. Five times he borrowed money from his employer for speculation and in other ways took advantage of his position for personal gain. His interests ranged from speculation in grain to truck gardening, to raising of chickens for market, to the selling of life insurance and the peddling of a patent article. Twice he has filed petitions for bankruptcy and now he has lost everything. He was reduced to a motorman and then finally discharged from the company because it was discovered that his alleged absence for illness was spent in business pursuits. His family is now living in a tent and his bright little daughter is unable to graduate from high school this year because she is physically worn out with the care of the chickens. The nurse in this instance feels that the health of the whole family depends upon the father. She is trying to understand the motives of this man and attempting to interpret his disability to the employer in an effort to have him reinstated, in order that he may not go from bad to worse. His physical examination has been negative. She next plans to have him see a psychiatrist, for she recognizes the fact that a mental disorder is involved. Her great inquiry is: "Could I have done something to prevent all

this, had I realized three years ago that his dreams of wealth were the beginnings of a mental disturbance?"

This leads us then to state some definite suggestions for various Public Health Nurses to carry out in their intimate contact with the patients whom they may visit for some other purpose, but in whom they find some problem of behavior. To this end we must consider ourselves health case workers. The more we know and follow the principles of good family case work, the more we may hope for success with mental patients.

First comes early identification of mental patients. If nurses are especially trained they can do much along this line for they see many patients long before they are observed by any specialist. Early identification gives the best opportunity for treatment and cure. Prevention itself is only possible at this early date. The industrial nurse just referred to might have helped to prevent the motorman's present condition had she recognized the early symptoms.

Second is the taking of histories for mental patients. A definite recommendation about getting histories is that every Public Health Nurse obtain from the psychiatric clinic in her community, or from some well known clinic elsewhere, an outline for the taking of such histories. By filling this out for every suspected mental case, the nurse will learn what information is of value, where and how to get it, and the doctor will have the necessary facts upon which the diagnosis and recommendations for care may depend.

I know of one patient whose commitment was based almost entirely on such a history. She was an elderly woman with double cataracts, who had come to the visiting nurse office, asking for a position as a practical nurse. Her odd behavior made the nurse admit her as a patient rather than as an applicant. Investigation showed that she had left Chicago to avoid the careful supervision being given her there. She was without funds, claimed to be a great but

unappreciated writer. Although she was unable to support herself, she refused the aid of a welfare society except on her own terms, namely that she be given a comfortable allowance to be spent as she saw fit. This the welfare society was unable to grant so she offered to throw herself into the river. Her millenium was to get money enough to go to New York where her writings would sell for fabulous sums. It was necessary to arrange a hearing in probate court. The patient appeared calm and reasonable but refused to talk about herself, and so it was that through the records of the nurse and the social worker the doctors got the information that resulted in her commitment to the state hospital.

Third, we think the Public Health Nurse should know the procedure for the commitment of both the feeble-minded and the insane and where there is no other person or organization to take care of it, the Public Health Nurse should put it through.

Finally we arrive at the most difficult part of the program, the home supervision of two groups of patients—those who have not been committed and those out on parole. Our object in each case is to assist in curing the patient, if that is possible, and if it is not, to help him to get along so well in his home that institutional care will not be necessary. It is in this work that our most thorough knowledge of mental hygiene is required. This home supervision involves first of all good attention to physical care, to the personal hygiene of the patient and the correction of his physical defects. Then comes the task of his adjustment to his home, his family and his friends—in other words, the understanding of his personality and behavior. Perhaps a patient gets along better when a certain member of the family is not in the home. Perhaps he cannot stand the emotional strain aroused by the movies. I know of one paroled patient who became interested in visiting prisoners until she again broke down. That was a strain that



she might have been spared. Last, but by no means least, in the home supervision is the employment of the patient. Some can fit into selected types of industry. Others can not. For those who stay at home occupational therapy is most valuable and the nurse should direct the patient in some practical work which will employ his time and give him a recreational outlet. Few cities have yet reached the ideal stage where they can employ the necessary number of workers in occupational therapy. In the meantime whatever a nurse may know, from sewing to knitting, from basketry to weaving, is an asset in the home supervision of mental patients.

To summarize, therefore, the opportunities for the Public Health Nurse to function in the Mental Hygiene field are as follows:

1. In the field of research, to record and report all mental patients.

2. In education, to work in the schools, to talk to clubs, classes and other local groups, and to teach patients in their homes.

3. In the field of organization through which the nurse has the opportunity to meet the patients in the home, the work is divided as follows:

- (a) The early recognition of symptoms.

- (b) The taking of mental histories.

- (c) The commitment of both the feeble-minded and the insane.

- (d) The home supervision of patients both before and after commitment.

It is certain that many Public Health Nurses, even without specialized training, are doing some of the above things. It is equally certain that no one nurse is doing all of them and doing them well. Is not her interest and activity in this direction dependent upon the breadth of her education, her own understanding of the sound person as well as of the sick, and upon whatever specialized mental hygiene training she has had?

Many nurses furtively ask what can they do to learn how to follow such a program as has been suggested. To go back to the training school curriculum as a source of our preparation, we suggest a basis of practical psychology which helps one to understand human emotions and human behavior. Only after this foundation

has been laid are classes in psychiatry fully appreciated. Practical work in the care of mental patients on the wards is advised, particularly if clinics and ward rounds are conducted for the student nurses. Post-graduate study in psychiatry is available in a few of our training schools. Many public health courses include mental hygiene lectures and the accompanying field work brings the students some practical experience with mental patients in the home, although unless supervised by a trained worker, little is accomplished or learned. For the graduate nurses who cannot take further courses but who are alert to improving their knowledge on this subject, there are many pamphlets to be obtained from the National Committee on Mental Hygiene in New York City. There is also the Mental Hygiene magazine published quarterly. Frequently one finds there are lectures on this subject in one's own city and the attendance at clinics is one of the best means of becoming informed.

In closing, may I urge that nurses can do the most for mental hygiene by endorsing and pushing in every way the efforts to establish psychopathic hospitals connected with our medical schools so that medical men may learn the principles of psychiatry. The program here outlined for the Public Health Nurse seems large, but it will expand tremendously as soon as our doctors have the opportunity to develop from neurologists to psychiatrists and as soon as all medical men understand and give more heed to the ever disturbing, ever fascinating problems of behavior. It is true in this field as in any other that the nurse can not progress until a firm foundation has been laid by the medical profession and it is equally true that as soon as that foundation is laid the co-work of the nurse, particularly the Public Health Nurse, is required to carry on the work begun. May we hope that nursing educators will provide the training in this field upon which these many opportunities depend.

## LOUIS PASTEUR

THE sympathetic study of the life of a great man is fascinating and instructive, especially so in the case of one who, by his ardent labors in the interest of science and human progress, 'achieved greatness.'

It is just a century since the birth of Pasteur, and his contributions in the realm of chemistry, biology, pathology and medical and surgical science form the basis upon which modern surgery has been built, and the beginnings of one of the most brilliant chapters in Preventive Medicine.

Writing of 1873, Pasteur's biographer, René Vallery-Radot, says:

"Medicine and surgery in those days were such a contrast to what they are now that it seems as if centuries divided them. No doubt one day some professor, some medical historian, will give us a full account of that vast and immense progress. \* \* \* 'A pin-prick is a door open to Death,' said the surgeon Velpeau. That open door widened before the slightest use of the bistoury. It was much worse when a great surgical intervention was necessary, though, through the irony of things, the immediate success of the most difficult operations was now guaranteed by the progress of skill and the precious discovery of anaesthesia. The patient, his will and consciousness suspended, awoke from the most terrible operation as from a dream. But at that very moment when the surgeon's art was emboldened by being able to disregard pain, it was arrested, disconcerted, and terrified by the fatal failures which supervened after almost every operation. The words pyaemia, gangrene, erysipelas, septicaemia, purulent infection, were bywords in those days."

That was fifty years ago; we know the transformation which has now taken place; and for this achievement the names of two men—Louis Pasteur and Joseph Lister—"will go down to posterity among those of the greatest benefactors of humanity."

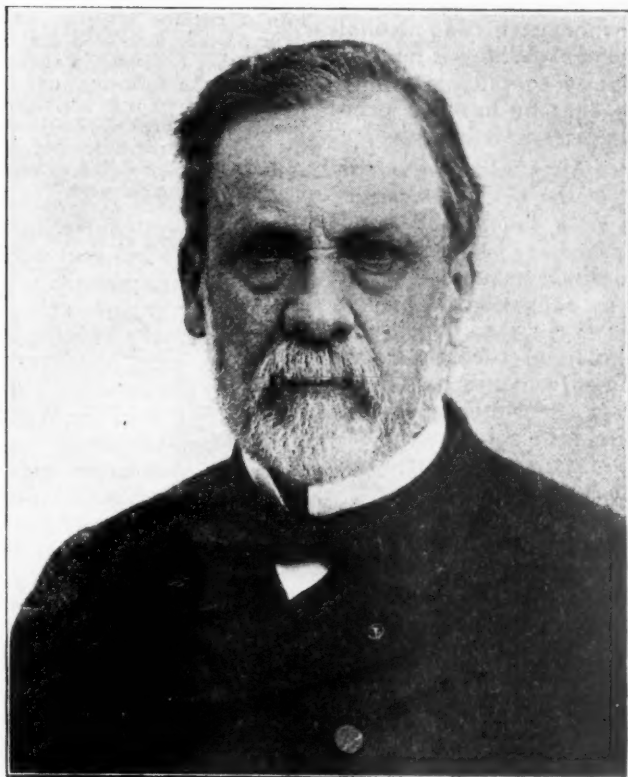
Louis Pasteur was born at Dôle, December 27, 1822; his father was a tanner, and a sergeant with the ribbon of the Legion of Honour; his mother was the daughter of a highly prosperous gardener. High-minded and

worthy, the parents considered the education of their children almost as daily bread, and the picture of the affectionate family life in this home forms a charming background to the biography of Pasteur. The family took up their residence in Arbois, and Louis was sent to the *École Primaire* attached to the College of Arbois. M. Romanet, the headmaster, discovered the "hidden spark" in the "rather slow, hardworking schoolboy who never affirmed anything of which he was not absolutely sure and had at the same time vivid imaginative faculties"; and his influence largely affected the boy's future career. From Arbois, Louis was sent to a school in Paris to prepare for entrance to the *École Normale*; but he became so thoroughly seized with home-sickness that he was really ill, and his father took him home. He attended the College at Arbois, passing on a little later to the Royal College of Franche Comté at Besançon. There he was soon given the post of preparation master, but the distinction was won for him by his moral qualities, rather than for any brilliancy of scholarship. In 1843 he was admitted to the *École Normale*, Paris.

It was while studying for his doctor's degree that he became interested in crystallography, and his discoveries in connection with the crystals of tartaric acid and the tartrates attracted the attention of some of the foremost scientists of France.

In 1849 he was appointed to an assistantship at Strasburg, where he lived with the Professor of Physics, his old school friend Bertin, whose smiling philosophy contrasted the deep earnestness of Pasteur. The new Rector of the Academy of Strasburg, M. Laurent, soon became a close friend, and his youngest daughter, Mlle. Marie, became Pasteur's wife.

In 1851 Pasteur brought to Paris the results of his researches on aspartic and malic acids, and he wrote to a friend at this time: "I am on the verge of mysteries and the veil which



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LOUIS PASTEUR

Born December 27, 1822—Died September 28, 1895.

covers them is getting thinner." This was a happy time of his life; the joys of home, with a devoted wife and two children; the inspiration and approval of friends and leaders in the scientific world, giving him security in his work; the absorbing interests of that work itself; all combined to fill his days with fruitful activities.

Learning that a German manufacturer was producing racemic acid (which, first produced by Kestner, had apparently disappeared), he visited various places in Germany, and after various experiments sent the following telegram to the *College de France*: "Here at last is that racemic acid artificially obtained through tartaric acid. I believed the transformation impossible. This discovery will have incalculable consequences." One whole sitting of the *Academie des Sciences* was devoted to

Pasteur and his growing achievements. He returned to Arbois with the ribbon of the Legion of Honour—won on a different field from that on which his father's had been won, but no less well deserved.

In 1854 Pasteur was made Professor and Dean of the new *Faculte des Sciences* at Lille. It had just been made possible for young men who wished to enter an industrial career to obtain a special diploma after two years of practical and theoretical work at the Faculties of Science, and thereafter be chosen as foremen or overseers. This innovation, and the prospect of doing useful work in that district of distilleries, delighted Pasteur. "Where," he asked, "will you find a young man whose curiosity and interest will not immediately be awakened when you put into his hands a potato, when with that

potato he may produce sugar, with that sugar alcohol, with that alcohol aether and vinegar? Where is he that will not be happy to tell his family in the evening that he has just been working out an electric telegraph?"

In addressing his students Pasteur had said that, in the field of observation, "chance only favors the mind which is prepared." This principle was well exemplified in his own case; in 1856 he was consulted regarding certain failures in the manufacture of beetroot alcohol, and the studies of the phenomena of fermentation which he undertook in consequence of this request led him into a realm of discovery which was to revolutionize chemistry. In August, 1857, he presented to the Lille Scientific Society a paper on lactic fermentation, which became famous; and a few months later he gave to the Academy of Sciences another paper on Alcoholic Fermentation. At that time the theories of Liebig everywhere obtained and the belief in spontaneous generation was almost universal in the medical world.

In 1859 Pasteur lost his eldest daughter, and a little later he wrote: "I am pursuing these studies in fermentation, which are connected with the impenetrable mystery of life and death. I hope to solve, without the least confusion, the question of spontaneous generation." After a year's further study he reached this conclusion: "Gases, fluids, electricity, magnetism, ozone, things known or things occult, there is nothing in the air that is conditional to life except the germs that it carries."

Gradually, though not until after a hard struggle, Pasteur's discoveries displaced the theories of Liebig and his partisans, who had looked upon fermentation as a phenomenon of death:

"They had thought that beer yeast, and in general all animal and vegetable matter in a state of putrefaction, extended to other bodies its own state of decomposition. Pasteur, on the contrary, had seen in fermentation a phenomenon correlative with life; he had provoked the complete fermentation of a sweet liquid which contained

mineral substances only, by introducing into it a trace of yeast, which, instead of dying, lived, flourished and developed. To those who, believing in spontaneous generation, saw in fermentations but a question of chance, Pasteur by a series of experimental proofs had shown the origin of their delusion by indicating the door open to germs coming from outside. He had moreover taught the method of pure cultures."

"The first outcome of the researches of Pasteur upon fermentation and spontaneous generation represents a transformation in the practice of surgery, which, it is not too much to say, has been one of the greatest boons ever conferred upon humanity," said Sir William Osler, in his Preface to the *Life of Pasteur*. A long and famous struggle arose out of these researches, but by his many experiments Pasteur convinced scientific men and gave a death-blow to the belief in spontaneous generation. What would be the most desirable, he felt, would be to push his studies far enough to prepare the road for a serious research into the origin of various diseases.

On January 30, 1860, the *Academie des Sciences* conferred on Pasteur the Prize for Experimental Physiology; and in December, 1862, he was elected a member of the *Academie*. In 1865 he was called to make inquiries into a terrible disease which was decimating the silkworm industry. He started for Alais, where his study was to be carried on, but he was recalled to Arbois by the death of his father, by which he was profoundly affected. A new sorrow awaited him in the death of his youngest child, Camille, only two years old. "My philosophy is of the heart and not of the mind" he wrote at that time; "and I give myself up to those feelings about eternity which come naturally at the bedside of a cherished child drawing its last breath; at those supreme moments there is something in the depths of our souls which tells us that the world may be more than a mere combination of phenomena proper to a mechanical equilibrium brought out of the chaos of the elements simply pressed surprise that he who had



through the gradual action of the forces of matter."

Towards the end of the year 1865 he turned for a while to the study of cholera; but early in 1866 he continued vigorously his studies of the silkworm. About this time the Emperor Napoleon III. invited Pasteur to spend a week at Compiègne. In the course of a private interview, Napoleon and the Empress Eugénie ex-saved millions for France did not turn his discoveries to personal profit. "In France," he replied, "scientists would consider that they lowered themselves by doing so."

He was now intrusted by the Minister of Agriculture with a mission for the further study of the silkworm disease; and while awaiting the renewal of the silkworm season he was busy editing his work on wine. In 1867 he was awarded a Grand Prize medal for his work on wines; and his researches, discoveries and suggestions produced remarkable improvements in the silk industry.

Towards the end of the year 1868 Pasteur was seized with cerebral hemorrhage, but early in 1869 was much improved and declared himself ready to start again for Alais to continue his silkworm investigations. When urged to rest for a short while longer, he pleaded the necessity of completing the study which would make perfect seed available to all silkworm tradesmen. "Would it not be absurd and culpable to let reasons of personal health interfere with saving so many poor people from ruin?"

In 1870 he was again in Strasburg, still clinging to a preconceived fancy that France and Germany were destined to work together in friendly scientific rivalry. Speedily the illusion vanished in the War of 1870, and his heart, always filled with an intense love of France, was torn by the bitter distress of those dark days and by anxiety on behalf of the son who had gone to the front at the first call of his country. In 1871 he issued concise and invaluable instructions for the improvement of the silkworm indus-

try; he also followed up his researches on yeast and the improvement of beers, visiting England in that connection; and at the same time he maintained controversies on the facts of fermentation in wine.

At the beginning of 1873 Pasteur was elected to the section of Free Associates of the Academy of Medicine; and in the same year he commenced the study of tuberculosis, and also of the terrible fatalities following surgical operations. He had once said: "It would indeed be a grand thing to give the heart its share in the progress of science." "His sorrows," says Vallery-Radot, "had only made him incline the more towards the griefs of others. The memory of the children he had lost, the mournings he had witnessed, caused him to passionately desire that there might be fewer empty places in desolate homes, and that this might be due to the application of methods derived from his discoveries, of which he saw the immense bearings on pathology. Beyond this, patriotism being for him a ruling motive, he thought of the thousands of young men lost to France every year, victims of the tiny germs of murderous diseases. And, at the thought of epidemics and the heavy tax they levy on the whole world, his compassion extended itself to all human suffering."

In 1873 Sir Joseph Lister wrote to him:

"I do not know whether the records of British surgery ever meet your eye, but if so you will have seen from time to time notices of the antiseptic system of treatment which I have been laboring for the last nine years to bring to perfection. Allow me to take this opportunity to tender you my most cordial thanks for having by your most brilliant researches demonstrated to me the truth of the germ theory of putrefaction, and thus furnished me with the principle upon which alone the antiseptic system can be carried out."

In contrast to the fearful mortality attending French surgery, 34 of Lister's patients out of 40 survived amputation.

In 1874 the French Government voted Pasteur an annuity of 12,000 francs. Paul Bert, reporting on this

projected recognition, spoke of the millions Pasteur had saved to France. In the silkworm industry alone the losses in twenty years, before his discoveries, amounted to 1500 millions of francs. "M. Pasteur's discoveries," said Bert, "have revolutionized certain branches of industry, of agriculture and of pathology. One is struck with admiration when seeing that so many, and such diverse results, proceed—through an unbroken chain of facts, nothing being left to hypothesis—from theoretical studies on the manner in which tartaric acid deviates polarized light. Never was the famous saying, 'Genius consists in sufficient patience,' more amply justified."

Many of Pasteur's friends now advised him to rest; but he considered that "not to work was to lose the object of living at all." With him, all else was subordinate to his laboratory. In 1877 he undertook the study of anthrax, which was decimating French and Russian cattle. The loss caused by splenic fever in the Beauce alone was said to have reached, in certain especially bad years, 20,000,000 francs. In 1876 Robert Koch had, for the first time, isolated the organism in pure culture outside the body, grown successive generations and produced the disease by inoculating animals with the cultures. Pasteur not only confirmed these results but, out of the study, made the still more important discovery that it was possible so to weaken the virus that an animal could be inoculated with the poison, have a slight attack of the disease, and be protected against it for the future. Jenner, more than 80 years before, had found that vaccination was a protection against smallpox; and it was a great day in the history of medicine when, at the farm of Pouilly le Fort, a flock of 25 inoculated sheep withstood disease, while 25 unvaccinated sheep, inoculated with the same material at the same time, died.

Always generous to recognize the contributions of others, at a meeting of the International Medical Congress held in London in 1881 and at which,

on the request of the Government of the Republic, he represented France, he said:

"I have given to the word vaccination an extension which I hope science will consecrate as a homage to the merit and immense services rendered by your Jenner, one of England's greatest men. It is a great happiness to me to glorify that immortal name on the very soil of the noble and hospitable city of London."

In spite of all Pasteur's experiments and proofs he still had to struggle against current doctrines. In 1877 a long discussion had begun in the Academy of Medicine, on typhoid fever. Those who attacked the germ theory maintained that this disease is engendered by ourselves within ourselves; while the supreme goal of Pasteur's life-work was a day "when contagious and virulent diseases would be effaced from the preoccupations, mournings and anxieties of humanity, and when the infinitely small, known, isolated and studied, would at last be vanquished." He was greatly interested in the study of puerperal fever, believing that his theories might be applied to obstetrics. In 1856, between April 1st and May 10th, out of 347 confinements at the Paris Maternity Hospital, there had been 64 fatalities. One day at the Academy, while one of the members was enlarging upon the epidemics in lying-in hospitals and their cause, Pasteur interrupted with the exclamation: "None of those things cause the epidemic; it is the nursing and medical staff who carry the microbe from an infected woman to a healthy one." A few years later we are told that "in the lying-in hospitals, more than decimated formerly (for the statistics had shown a death-rate of not only 100 but 200 per 1000), the number of fatalities was now reduced to 3 per 1000 and soon afterwards fell to 1 per 1000. And, in consequence of the principles established by Pasteur, hygiene was growing, developing, and at last taking its proper place in the public view."

In 1883 the French Ministry augmented the pension of 12,000 francs, which had been granted to Pasteur in

1874, to 25,000 francs; and Paul Bert, who again reported on the measure, quoted the words of the English physiologist Huxley, who, speaking at the London Royal Society, had said: "Pasteur's discoveries alone would suffice to cover the war indemnity of five milliards paid by France to Germany in 1870."

In the same year, Pasteur was instrumental in sending a medical mission to study an epidemic of cholera in Egypt; among those who volunteered for this service was M. Thuillier, one of Pasteur's pupils and collaborators; he died from cholera in Alexandria, and his death was a great blow to his master and friend. Dr. Koch, who was in Egypt studying cholera at the time of Thuillier's death and attended his funeral, afterwards put in evidence the cholera bacillus.

In 1884 the Academy of Sciences appointed Pasteur and de Lesseps to represent them at the tercentenary of the University of Edinburgh, and on that occasion Pasteur received a wonderful ovation. Shortly afterwards he was accorded similar tributes in Copenhagen, when he attended the International Medical Congress.

The story of Pasteur's researches in connection with that terrible disease, hydrophobia, are sufficiently fresh in the minds of almost all of us. Few histories are so full of interest, pathos and excitement as that of the first experiments which proved that human beings could be saved from rabies. We hold our breath while we read of the little nine-year-old boy, covered with wounds inflicted by a mad dog, in great pain, and brought by his terrified mother to the one person who *might* be able to help. We feel the struggle that went on in Pasteur's mind—the struggle between his longing to help and his scruples and fears lest anything should go wrong—and we share in the relief and thankfulness and joy when the inoculation proved successful, the child was saved, and the awful disease vanquished. The Academy of Sciences adopted the suggestion that an establishment for the preventive treatment of hydrophobia

should be created in Paris, under the name of the *Institut Pasteur*. The opening of a fund for this object was the occasion of a great show of enthusiasm and gratitude, and large sums were donated from all sources—from the Tsar of Russia, the Emperor of Brazil, the Sultan, the French Chambers, and poor women and workmen. A total of 2,586,680 francs was collected.

Towards the end of 1887 Pasteur's tongue became paralyzed; from this and a subsequent attack, however, he partially recovered. In 1892 he was the recipient of many honors on the occasion of his seventieth birthday. In these latter years of his life he still followed with eager attention all that affected the progress of those studies to which his whole life had been devoted. The opening of the new Sorbonne was a great joy to him who, in the beginning of his own work at the *Ecole Normale*, had known what it was to carry out experiments in a garret. Klebs had discovered the bacillus of diphtheria in 1883; Roux and Yersin, Pasteur's pupils, undertook important researches and lectures on diphtheria and bubonic plague, and their studies, and those of others in the same field, were followed by Pasteur with great interest. In 1894 the immunity provided by antitoxin was demonstrated, and this treatment, applied to hundreds of children, in four months brought down the mortality from diphtheria to 24 per 100, in contradistinction to a fatality rate of 60 per 100 where the serum was not employed.

On November 1, 1894, Pasteur was seized with a violent attack of uraemia; he rallied from this, and it was not until June 13, 1895, that he passed down the steps of the *Institut Pasteur* for the last time. He spent the last few weeks of his life under the loving care of his wife and daughter, and watching the activities of Dr. Roux and his helpers. As the picture closes, we see him listening with admiration and love to stories of the life of St. Vincent de Paul. "Absolute faith in God and in eternity, and a

conviction that the power for good given to us in this world will be continued beyond it, were feelings which pervaded his whole life;" and we find him resting naturally in this faith at the end. On September 28, 1895, this great man passed peacefully away.

Genius has been defined as an infinite capacity for taking pains. If this be so, then Pasteur was an undoubted genius; and if to this we add his insatiable demand for the truth and for proven facts, and a power for

work limited only by his physical constitution, which at times his moral and spiritual forces strained to the utmost, we have still given a very imperfect sketch of a personality of inestimable value to mankind, and an example of moral worth to future generations.

NOTE: Quotations in this biographical sketch are found in "The Life of Pasteur," by R. Vallery-Radot—a volume which should be read by every public health nurse.

## FORESEEING THE RAINY DAY

By ALICE BINGLE, R. N.

*Infant Welfare Society  
Chicago, Illinois*

I ARRIVED in America in the fall of 1919 and desired to take up nursing, but before doing so it was necessary to take the State Board examination so that I could become a registered nurse in this country.

Every day when we were dismissed I noticed at the door a charming young lady, and wondered what her business could be. I was not left wondering long; no one passed her notice and finally she buttonholed me. She was selling sick and accident insurance.

I remember I smiled in a superior way at her; I was thinking of my splendid record of health—fifteen years a nurse, all through the war and never off duty a day, and now taking up a new and altogether fresh field of work, feeling equally well and able to carry all before me. But this little lady was clever; she made me think. I was away from home and in this world of rush people do get some unexpected knocks. I had no banking account behind me and knew that financial difficulties would certainly take the smile off my face.

Then I thought, Suppose I do take out a policy and never need it; well then, if I keep well I am gaining all the time. I decided to take out a policy, and after that went on my way happily as ever. Before a very great

while I was taken sick and the illness was of such a nature that the best doctor or nurse could not put it aside.

I had to go off duty for an indefinite period, and although the heavy part of the expense was taken from me through the efforts of my superintendent, yet back in my heart was a little song that I could communicate with my Insurance Company and receive enough money to meet all necessary expenses, and should be able to start work again free from debt, and without having been an encumbrance on anyone during the time of sickness. I think many of us could be saved a ton of worry and anxiety if we could stop and take a common sense view of the situation. A banking account does not meet the trouble in such a satisfactory way.

You cannot always dodge the automobile; and while many nurses like myself often say: "I have no time to be sick," yet when sickness comes one has to take the time.



Two points must always be kept in mind:

1. Join a reliable company.
2. Be sure you pay your premium on time.



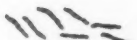
If you never need it, be happy that you are helping the less fortunate. The best and greatest thing is service.

## SOME BUGS


By GRACE NILES, Toledo, Ohio


Some bugs  really do no harm,  
Others are pests of home and farm;  
But bugs that excel in criminal dope  
Look just like this  through the microscope.

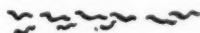
These tiny rascals cause disease—  
Come in like real thugs, if you please,  
Boldly, some, and some by stealth  
To steal our richest treasure—health.

Diphtheria,  Meningitis,  and "Flu"   
We dread their very names, it's true;  
But we know these bugs, for they've been caught  
Red-handed in the midst of the ruin they've wrought.


But Scarlet Fever and Smallpox, too,  
Are such crafty knaves that they leave no clue,  
No thumbprint—nothing to tell the story,  
When we hunt them down in the laboratory.

"Expose the kiddies to Whooping cough,  
The sooner it's over the better they're off."  
Of measles you've heard the same, no doubt;  
But—Pneumonia  sneaks in where these bugs  
go out.

One malicious bug  we often find  
Which delights in making a baby blind;  
Another, whose name you probably know,  
Ruins home and happiness (see below).






Then well you know of the bug T. B.   
We have learned to fight it to some degree,  
With food and rest and wholesome air;  
We're really "getting" that bug for fair.

Now, we need a real sleuth's patience and skill  
To detect these bugs that plunder and kill;  
But we also need the co-operation  
Of each man and woman and child in the nation.

By the way, are you wondering who are "we"?  
Why, your local Board of Health, you see,  
With a doctor chief and a nurse or two  
Who are trying to catch these bugs for you.

With culture tube  and QUARANTINE sign,  
Our purpose is far from being malign;  
On conserving the public health we're bent—  
We are on the deadly disease bug's scent.

"But," you say, "Our state has no organization  
For Public Health." Then why in creation  
Don't you work for one? Don't be passé;  
Be up with the times, in an up-to-date way.

And join with us, the disease bug fighters,  
Eschew the example of a few backbiters;  
Let us wipe out contagion from the whole U. S.  
We can, if we all pull together, I guess.

# A SYNOPSIS OF TALKS ON DIPHTHERIA

## GIVEN TO NURSES OF THE CITY HEALTH DEPARTMENT ENGAGED IN ANTI-DIPHTHERIA WORK IN BALTIMORE

By J. A. DOULL, M. D.

*Associate in Epidemiology, School of Hygiene and Public Health,  
Johns Hopkins University*

### 1. *Our knowledge of Diphtheria as a contagious disease before the discovery of the bacillus.*

Before the discovery of the diphtheria bacillus there was almost complete agreement among the physicians concerning the specifically infective character of the disease and concerning its communicability. Historically, the important thing is the growth of the idea of contagiousness, for this being shown, the idea of an organic poison naturally springs from it. From this point to the fact that the virus must be specific, descending from and producing like species only, is another step in the journey and involved the overthrow of the idea of spontaneous generation.

Hirsch states that the history of diphtheria, or rather malignant sore throat, may be followed up into antiquity with a high degree of certainty. There are doubtful passages in the Talmud and in the works of Hippocrates, but a clear description of the disease is given by Aetius (—?). From this and other early writers it is clear that the disease has always been a disease of children principally, accompanied frequently by paralysis, and tending to occur in epidemics at intervals of a few years.

The name "diphtheritis" was given to the disease by Bretonneau, a famous French physician of the first half of the last century. It is derived from the Greek word for a skin, as Bretonneau recognized that the characteristic thing was the production of a firm exudation or pseudo-membrane on the mucous membrane, resembling a skin. Bretonneau pointed out that diphtheria was a distinct disease but said nothing regarding causation. To another French physician, Gendron, a con-

temporary of Bretonneau, we are indebted more than to any one else for the proof of the contagiousness of the disease. His paper, published in 1835, gives observations made much earlier. He gives an example of the introduction of the disease into an isolated homestead and of many secondary cases resulting therefrom. Gendron had a great influence on William Budd, the English epidemiologist and the latter published a paper in 1861 giving examples of outbreaks of diphtheria following the introduction of the disease into vicinities in which it had not before been known. It is worth noting here that these two great men made their observations, not in large cities but in country districts. Gendron himself died from laryngeal diphtheria. In doing tracheotomy the patient's sudden cough bespattered his face with membrane and two days later he came down with the disease.

### 2. *The discovery of the diphtheria bacillus.*

The first account of the bacillus now known to be the cause of diphtheria was given by Klebs in 1883. He described its character in the false membrane but made no cultivations. Löffler first cultivated the organism which is now known as the Klebs-Löffler bacillus. By first scratching the mucous membrane of animals and rubbing in his cultures, Löffler was able to produce the false membrane. He did not find it in all the cases which he examined, he was unable to produce the paralysis in animals and he found the same bacillus in the throat of a healthy child. He therefore hesitated to conclude that this organism was the cause of the disease.

### 3. *The toxin of the diphtheria bacillus.*

All doubts in the matter were removed by the researches of Roux and Yersin which were published in 1888-90. It was shown that broth cultures of three or four weeks growth freed from bacilli by filtration were highly toxic. The most important features of the disease including paralysis were produced by the injection of the toxin into animals.

### 4. *The discovery of diphtheria antitoxin.*

Diphtheria antitoxin was discovered by Von Behring following the work of Roux and Yersin. Another worker, Sewall, had previously immunized pigeons to the venom of rattlesnakes and Ehrlich had immunized animals to the similar vegetable poisons, abrin, ricin and robin, and shown that passive immunity could be established in other animals by the transference to them of the serum of those actively immunized. Diphtheria antitoxin was placed in the hands of the medical profession in 1895. It is made by the repeated injection of toxin into horses.

### 5. *The demonstration of natural antitoxin in the blood of man.*

Wasserman, in 1894, showed that human beings apparently not susceptible to the disease have antitoxin in their blood. Other workers showed that convalescents develop antitoxin. This is apparently not true in the majority of cases, however, as Park states that cases which recover without the use of antitoxin show a *positive* Schick test in about 75 per cent. He thinks recovery in these cases is due to the development of anti-bactericidal bodies rather than antitoxin.

### 6. *The discovery of the skin reaction by Schick.*

Von Pirquet, in studying smallpox vaccination, noted that in some whose vaccinations did not take there was a little papule developed which he thought might be an indication

of immunity. This led him to the discovery of the tuberculin skin test called by his name. Schick, his pupil, similarly tried the action of diphtheria toxin concentrated to one-tenth of its volume and scratched on the skin. He found that most young infants were negative and older children positive. His article was published in 1908. Later in 1913 he published a description of his intracutaneous test which is now so widely used. A very minute amount of diphtheria toxin, one-fiftieth of the amount necessary to kill a guinea pig, is injected into the skin. If antitoxin is absent or present in very small amounts, insufficient for protection against diphtheria, a positive reaction will appear in from twenty-four to forty-eight hours. A positive reaction is characterized by a circumscribed area of redness which persists for five to fourteen days and, on fading, shows as a rule, superficial scaling and a persistent brownish pigmentation. Dark pigmentation is especially well marked in the negro and may be seen sometimes four or five months after the test. The *pseudo-reaction* which occurs frequently in older children and adults comes on more promptly, covers more surface, is often very itchy and disappears in from two to four days as a rule. It is due to proteins probably derived from the diphtheria bacillus but having no relation to the true toxin. When the toxin is destroyed by heating and used as a control test in the opposite arm, the same *pseudo-reaction* occurs.

### 7. *Toxin-antitoxin immunization.*

It became known in 1895 and 1896 that diphtheria toxin partially neutralized by antitoxin and even fully neutralized would cause animals receiving injection to produce antitoxin. In 1903 Park began to immunize horses by means of toxin-antitoxin mixtures. In 1905 Theobald Smith suggested that human beings might be immunized. The introduction of the Schick test made it practicable to test large numbers of people so as to detect those having no

antitoxin and to determine the effect on such people of toxin-antitoxin injections. Behring made the first attempt in 1913 and immediately after his report Park began to use human injections. He worked out the exact degree of neutralization which is most effective, the length of time before immunity is produced, and in part, at least, the duration of immunity. Five times the usual dose given a child should just produce paralysis in a guinea pig on the seventeenth to the twentieth day. Immunity results in from six weeks to three months after injection of three or four doses, and this immunity persists certainly for four or five years and probably much longer.

Local and general reactions sometimes occur after toxin-antitoxin injections. Both are more liable to occur in those showing the *pseudo-reaction*. General reactions with temperature and headache are common. Recovery is complete on the third day. Swelling at the site of injection with heat and redness constitute the local reaction. Children under six years of age usually suffer no

inconvenience although sometimes a slight local reaction occurs even in infants.

8. *General facts regarding the epidemiology of the disease.*

The infecting agent is the Klebs-Löffler bacillus.

The source of infection is discharges from the nose and throat of cases notified as such, of missed cases and of carriers. Other bacilli resembling the diphtheria bacillus but harmless to animals are frequently found in the secretions of the nose, throat and eyes and persons with these organisms should not, of course, be regarded as diphtheria carriers.

That carriers, particularly those convalescent from the disease, do cause diphtheria in others is an undoubted fact. They are not, however, nearly so dangerous as cases and it is rare to find the ordinary school carrier associated with a case in his home.

The mode of transmission is directly by personal contact, indirectly through articles contaminated with discharges, and through the infection of a milk supply by a case or carrier.

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"We are working to bring every expectant mother under medical supervision as early as possible, and when we have convinced the mothers themselves so thoroughly of the value of it that they urge other women to do the same, we are making rapid strides toward safer motherhood. I cannot forget the expression of explicit trust on the face of a young Italian who brought a friend to the clinic. The new patient spoke no English and Mrs. B. very little, but she managed to tell us, 'I bring my friend, she have no live baby since Lucy ten years ago. You see her,' and she smiled, perfectly certain all would be made well for her friend. A probable cause of these repeated accidents was discovered, and later on Mrs. B. was able to see her friend come home from the hospital with a baby boy, tiny, but very much alive."

*Report of the Minneapolis Infant Welfare Society.*

## NATURE'S COMPENSATION

By HELEN NEWELL GARFIELD

THERE has just passed from among us one of the greatest benefactors of our time, Dr. Alexander G. Bell. Most people think only of the telephone in connection with his name, but his great benefits to the people in the silent world are equally as great. Helen Keller was taught to recognize the vibration of sound as the little children in the deaf schools are taught today, and they in turn are learning to take their place among normal people as she has done, because of Dr. Bell's contribution to this field of endeavor.

As you converse with your friends on the car or on the street, did you ever realize that to certain people who see you the words on your face are as understandable as though every syllable was overheard by them? This is an art of very recent cultivation, although the principles of speech reading were known in the sixteenth century.

There are certain sounds made in the mouth and throat which produce distinguishable facial movements. This does not mean that every person's face is exactly the same when making these sounds; far from it! If you notice the faces of persons speaking to you, you will find that some move their lips more than others, some open the mouth and separate the teeth more, and that the man with the moustache not closely clipped is the veiled prophet, understood only to the hearing world.

There is no royal way to speech reading as there is none to any foreign language, but with patience this art can be acquired. Some acquire the knowledge with great rapidity, those of the analytic mind not so rapidly, but to those who persevere the reward is comparable only to the recovery of sight to the blind.

The difficulty one meets with in speech reading is not the inability to read the spoken word, but the fact that so many people fail to speak in an understanding manner. Incorrect articulation and pronunciation are met on every side. Special attention should be given to these points in the schools. The time may yet come when not only these defects will be corrected, but the subject of speech reading will be required of the youth of the country.

The ears seem to be the peak under which the storms of life center. How many people are deafened through scarlet fever, influenza, bad climate and nervous strain; because of it how many nurses must abandon their career at the height of their wonderful service.

The burden borne by the hard of hearing and the deaf is a heavy one not easily understood by others. Generally in otherwise perfect health, with a very sensitive spirit, they shrink from being made conspicuous, either by using artificial devices or having the voice raised to their power of hearing. This is all done away with when one learns to read the face, the strain to the nervous system is relieved and instead of having the mind distressed by seeming neglect one begins to realize that the hard of hearing one is blessed with many compensations. He has only to look in the faces of those about him to know what is being said and he can make much better use of his time by having his ears closed to the distracting sounds about him.

Speech reading is also called lip reading. It has developed rapidly in the last fifty years. There are several methods offered the public today. The Kinzie method is one of the latest developments and has already received recognition from ocean to ocean.\*

\* This method is being taught at the Nursing Center, Cleveland, Ohio, by Miss McCaughrin, of South Carolina. The Speech Readers' Guild welcomes all who desire practice in speech reading, on Tuesday evenings from 7:30 to 9 o'clock.



# ROUTINE TECHNIQUE FOR CONTAGIOUS DISEASES

AS PRACTISED BY THE VISITING NURSE SOCIETY  
OF PHILADELPHIA

## *Extra Articles Required in Bag when Visiting a Contagious Case*

Newspapers, (small squares of paper), cap and gown, thermometer and brush. (These are all to be left in the home).

Leave hat and coat in outer room. Place newspaper on chair and on this coat and hat.

## *In Bathroom or Kitchen*

Take bag to bathroom or kitchen, spread newspaper on chair or table and on this place soap and brush. Wash hands, put on cap and gown. Take from bag thermometer, cotton, squares of paper, newspaper, paper towels, tongue depressors, swabs, mouth wash and bedside note sheets. Make solution of mouth wash in glass. Bag is then closed and is not to be opened until ready to leave the house.

## *In Patient's Room*

These articles are taken into patient's room and are to be left there, arranging them on a corner of the dresser or mantelpiece. Prepare for patient's bath as in general care. Have hand basin, pitcher of water, soap and slop bucket in the room; wash boiler just inside door for soiled clothes. Have everything ready before starting treatment.

Take temperature (rectal) cleanse thermometer with alcohol.

After nursing care is finished demonstrate boiling of linen.

Wash hands and empty basin (using squares of paper to hold basin). Demonstrate cleansing of mouth either by use of spray and gargle or by use of swabs. Special emphasis on care of discharges from nose and throat. Wash hands. Write bedside notes. Unfasten gown and remove cap, turning exposed side in and place in one of the clean newspapers. Wash hands and remove

gown, folding exposed side in. Wrap in newspaper with cap and leave in patient's room.

The paper towels, squares of paper, etc., are placed in cornucopia as used. This is now wrapped in newspaper and burned.

Wash hands again in running water in bathroom. If necessary to touch anything else before leaving the house, use squares of paper.

## *Instructions to Mother*

While working the nurse explains all of this technique to mother and tells her what to do between visits.

1. To wear a large apron (bungalow apron is good) and leave it in patient's room upon coming out.

2. The importance of scrubbing hands after touching patient and before touching anything else; special care about door knobs, spigots.

3. To put dishes at once in pan in patient's room and boil once a day; to scald in the same vessel each time after use; any food left to be wrapped in newspaper and burned.

4. Importance and method of protecting patient from drafts.

5. That the other children should not be allowed to have toys or books that have been handled by the patient; that no one should kiss the patient.

6. Unless otherwise ordered by doctor patient to be kept on liquid diet as long as he has any fever. Instruct as to giving nourishment and water regularly.

7. Milk bottles to be boiled and not put out for collection until told to do so by the Board of Health.

8. Air in the room should be kept moist by placing a shallow pan of water on stove or radiator.

## COMPLICATIONS

The nurse should watch for complications and report any unfavorable symptoms to the physicians at once.

### *Scarlet Fever Complications*

1. NEPHRITIS. During the second or third week or any time during convalescence. Suspicious symptoms: Listlessness, vomiting, headache, temperature, scanty urine.

2. ARTHRITIS. Usually in second week. Symptoms: pain in joints, perhaps elevation

of temperature; Nursing care same as arthritis. Keep patient between blankets, keep joints warm. Support bed-clothes with cradle.

3. CERVICAL ADENITIS. During second or fourth week or later. Symptoms: swelling and pain at angle of jaw and elevation of temperature.

4. OTITIS MEDIA. A small child may show symptoms by being irritable and by rubbing and pulling at ear. There may be a fretful cry and child may lie on ear or with hand under ear.

#### *Diphtheria Complications*

1. Watch for heart condition. Explain the importance of keeping patient quiet and lying flat without pillow.

2. Watch for huskiness of voice which may develop very suddenly.

In cleansing the mouth special care should be taken not to injure the

mucous membrane. Mask may be used when giving the throat treatment.

#### *Termination of Case*

When a contagious case is sent to hospital the family should be supervised for at least two weeks. The articles left in the home, however, may be brought away as soon as the house has been fumigated. Cap and gown should be boiled in the home.

#### *Notice:*

A sheet wet with disinfectant solution should be hung over the door of the patient's room. This is for the psychological effect, rather than as a precaution.

## MAKING BETTER AMERICANS

"Recently I spent a month in school grades which had previously not been inspected, and also in one of the wards which had not had quite so much attention, owing to country schools taking up so much time. The principal of this school wished they could have a nurse for their school alone, and it would be most necessary, if she only acted as a daily reminder to have corrections done. I found, in the rooms, one girl with no hearing in right ear; one boy with paralysis of left leg, wearing no special boot; one boy with 20/200 vision in both eyes; another boy with a growth in his nose, which is undermining his growth and retarding his hearing. These are just outstanding defects in 6 grades; nearly all pupils suffer from defective teeth and enlarged tonsils.

One doctor has started free clinics on Saturday for eye corrections.

I called on all dentists at the beginning of the month and invited their co-operation in making better Americans, and every one of them willingly and gladly offered his services at a special rate, and for no charge at all if that was necessary. All dentists have had children come during the month for fillings, etc. The splendid co-operation and assistance given by school teachers is indeed a "pillar of cloud by day," they have eyes to see and ears to hear.

Many and varied are the experiences and receptions I have received working up for this clinic. This is a sample: After a little preliminary conversation I asked Mrs. B. if she had received a blue slip stating Charlie has bad teeth and tonsils: "Yes mam, and I tore it up. Those are the teeth and tonsils God gave Charles and no one will remove either save the Lord himself, as He put both of them there for a purpose and me and my man has tonsils and although we get sore throat we are still alive."

Others have tales to tell of some imaginary child who has never spoken again after having tonsils removed. It is just absolute fear of an operation and now that two cases have been done and all are still inhabiting this vale of tears, the prejudice will gradually vanish and we will have larger corrections every week."

HILDA M. BURROWES, *Red Cross Public Health Nurse, Richmond, Missouri.*

## GETTING RID OF THE PACIFIER

By MARY DAY BARNES, R. N.

Eureka, Utah

WHILE acting as a Red Cross public health nurse in a North Dakota county this year, I met the usual if not more than usual number of pacifiers in the homes, on the streets and in the stores. After all these years with so many individual nurses trying to educate the mothers in the homes and in the clinics, against them, it seemed as though they should be a rarer (but not more valuable on that account) article, so I decided to try another method—to get at the source of them.

First I visited all the merchants who sold them in my county, explained how unsanitary and harmful they are and offered to buy them at wholesale price on condition that they would discontinue the sale of them. All but two readily acceded, but these two reluctantly consented to do as requested after being shown that they were holding back the others; for in asking a merchant to discontinue the sale of them, it was always with the understanding that all the other merchants in town would do likewise.

In making my rounds I obtained many addresses of the wholesale houses they were purchased from and then wrote to them explaining what I was trying to do in a small way in my county and asking their co-operation, always suggesting that they ask any good doctor what he thought of them; the following letter is the first reply I had to the many I wrote:

Chicago, June 16, 1922.

My Dear Miss Barnes:

Your letter of recent date in regard to pacifiers has been received. I have referred it to our drug department manager who informs me that we discontinued the sale of this article in the fall of 1913 because, at that time, it was brought to our notice that, according to the best authorities on matters of public health, the use of pacifiers was considered harmful.

Assuring you of our interest in any cause

which tends to improve the well-being of American citizens, I am

Faithfully yours,  
JULIUS ROSENWALD,  
President,  
Sears, Roebuck & Co.

Another large firm wrote: "We acknowledge receipt of your letter of August 17th in reference to the handling of baby pacifiers, nursing bottle fittings, etc. We will give the matter due consideration."

Still another large wholesale house said their best doctors did not think the pacifiers as harmful as I stated, but they would write me again regarding them. Supposing this was a polite way of bowing me out, I was surprised when a second letter came from them, saying their catalogue was already printed for this year, but before issuing another one the subject would be brought before their merchandise office.

I wrote to the President of the North Dakota Federation of Women's Clubs, asking if the clubs all over the state could be organized to co-operate with us, and also asking if the subject could be introduced at the National Meeting of the Women's Clubs. She referred the letter to an officer of the State Club who was much interested in the subject.

About that time I left North Dakota and went to Utah for two months. While there I made the same kind of a raid on the pacifier. The President of the Utah Federation of Women's Clubs was also very enthusiastic over the plan.

One wholesale firm wrote:

"We think that in writing to the wholesale houses, you are going to the wrong source to get the selling discontinued. We believe it will be entirely a matter of the education of the mothers of this country to get them not to buy the articles mentioned, and after they have been interested, then go after the retail merchants who are selling this class of goods. We, as a service jobber, are compelled to carry almost everything that the drug store demands, and if we do not carry the items that they call for, naturally they order

from the house that does carry them, and a certain amount of other business usually goes with it.

We are pleased to advise you, however, that our sale of the glass bottle fittings with the rubber tubing has been practically nothing for the last seven or eight years. We do not believe we have sold two gross of these in the period mentioned. We also find the sale of pacifiers has fallen off very materially."

This is a very small effort on the part of one nurse to dispose of a very wide-spread article, but all beginnings are small. More than half the pleasure and interest would be lost in doing anything worth while, if it was not necessary to work it out step by step. If this one effort could be duplicated by all the public health nurses in their counties, surely it would bring great results.

In North Dakota my office was on the main street in a very small town. There were two large front windows

against which the little kiddies daily plastered their noses on their way home from school, to see what the nurse was doing. One thing they saw on the table was a large pile of a dozen pacifiers and nipples with rubber and glass tubing attached, and many were the remarks heard concerning them, which led to many little talks and messages sent home to mother and to the mother of the neighbor babies who had pacifiers.

A good suggestion made by a nurse recently was that I might have taken my collection of pacifiers and nipples to the schools when inspecting them and talked to the children about them. Can't you picture the laddies nearly shaking their little hands off to say with pride "My mother never lets our baby have a pacifier," or, alas! many of them could only say "My mother has one for our baby."

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"Two contrary laws seem to be wrestling with each other nowadays; the one, a law of blood and of death, ever imagining new means of destruction and forcing nations to be constantly ready for the battlefield—the other, a law of peace, work and health, ever evolving new means of delivering man from the scourges which beset him.

"The one seeks violent conquests, the other the relief of humanity. The latter places one human life above any victory; while the former would sacrifice hundreds and thousands of lives to the ambition of one. The law of which we are the instruments seeks, even in the midst of carnage, to cure the sanguinary ills of the law of war; the treatment inspired by our antiseptic methods may preserve thousands of soldiers. Which of those two laws will ultimately prevail, God alone knows. But we may assert that French Science will have tried, by obeying the law of Humanity, to extend the frontiers of Life."

—LOUIS PASTEUR

# THE PRE-SCHOOL CHILD\*

By CECIL L. SCHREYER, R. N.

*Associate Director, Bureau of Public Health Nursing and Child Hygiene  
Oregon*

IT GIVES me great pleasure to be able to meet with this group particularly interested in child health, and to have the opportunity of presenting the pre-school child problem as it appears to one in the North-West. However, similar conditions exist, I am sure, in other parts of the country in sparsely settled portions.

Health work here, as elsewhere, began with the school child. The pioneer work of teaching prevention necessarily took the negative side at first, and the whole program developed along the line of removing defects and teaching the prevention of illness. As progress has been made and one after another the various groups have been surveyed, there have developed medical school inspection and infant welfare work.

Such a large and fertile field for time and thought was discovered in the two groups—school and infant welfare—that they have continued to be the objects of main consideration and the health program has swung from the negative to the positive pole so that we do not bring to the mind of our public the thought of illness, but Health, robust, abounding Health.

Our programs consist of health habits, food habits, perfect physical bodies, and stable mentalities taught to develop in the normal way. We emphasize the health play, the Modern Health Crusade, physical education, proper nutrition, well baby clinics, and right prenatal and maternity care. Normal birth to a normal infant and future health to the mother and child. Such a program will mean a better, richer, happier American citizenship, able to live fuller lives, to receive and make use of better education, and grow in spiritual grace.

Prenatal and maternity care, while we have made a beginning in large centers, are not yet fully developed. In the rural sections much has been accomplished by public health nurses in their home calls and instruction has been given in a general way through the Home Hygiene classes given to the mothers as a part of the activities of the Red Cross chapters.

No state-wide prenatal instruction was given in our state until the Bureau of Public Health Nursing and Child Hygiene initiated the system of prenatal instruction by mail this year. As an outgrowth of this service, we hope to see developed in the rural communities health centers that will give adequate maternity service through a visiting obstetrician and visiting nurses.

The eastern part of the United States, with its more thickly populated states, its larger proportion of physicians and nurses, its greater number of colleges, medical schools and modern training schools, has advanced much further in this program than have we in the west.

There are so many things we need here before our attempts toward relieving the present condition may become effective, that we scarcely know where to begin in comparing conditions here and in the states further east. The territory is so vast, and population so scattered that one may travel for a whole day and never see a human habitation. In a more thickly populated territory, with its greater productiveness, facilities for education and medical and nursing care are more readily available.

But, before more people can settle in the vast area of the west, the arid land must be made more productive

\* Read at Biennial Convention, Seattle, June 1922.



by means of irrigation. Better facilities for transportation, such as railroads and highways, must be provided, and markets made more accessible. With these improved conditions the burden of taxation will not be so great and more money will be available for schools, churches and health work.

The average rural school serves the purpose of teaching the three R's, but there is great opportunity for the teacher who has been given, in her course of training, a vision of community leadership, to develop in the community served by her school a true evaluation of life in its higher aspect.

Housing is another problem that must engage the attention of the pioneer in health work. Living conditions in our western country are primitive compared to the east, and I have seen as bad housing conditions on a sixty-acre ranch, with no neighbor within a mile, as I have ever experienced in the slums of Cleveland during my public health experience there.

Outside of the larger centers there are few physicians and dentists, no psychiatrists, and only those nutritionists employed by and working out from the Agricultural Colleges. We find a few home demonstration agents with a county-wide field, and our public health nurses give valiant service where they have been employed, but here, too, there is a woeful lack of numbers.

That Washington, Oregon and California have a lower death rate than any other part of the country, is only partially due to the health work for infants carried on here. Climate and natural advantages must claim a large share of the credit, but it gives us a vision of what might be accomplished with a well rounded program backed by a people alive to the conditions that exist, and able and willing to bring their strength and money into the struggle with us.

Little attention is paid to quarantine, and, because our health officers are dependent on their private prac-

tices for a living, the laws are not enforced as strictly as they should be to control communicable disease. These conditions make for lowered vitality and decreased mental capacity, as is shown by the large numbers of backward and mentally deficient children found in our schools.

Lowered ideals of living are a natural outcome of these conditions, and future generations, unless something is done, will show a rapid increase of the process of breaking down in the mental, physical and spiritual life of the people, and there will be a generation of physically and mentally handicapped children growing up to assume the reins of government, to be, as best they may, the producers of wealth for the state.

The nation loses now about three billion dollars annually from lost time of workers because of illness. The states are concerned in this economic loss, as well as the added burden of more expensive school systems, more homes for the mentally ill, the feeble-minded, the criminal, and the physically and morally handicapped persons who can not be trusted to make a living for themselves.

And what about the home—the family itself? Is not the economic pressure greater here where illness and death take such heavy toll in money and nervous energy? A retarded school child means more years of schooling and an added expense, directly, in caring for that child in school, and, indirectly, in taxation to support the school and employ teachers.

There are certain groups of non-medical friends who tell us retardation is due to the extra frills added to reading, writing and arithmetic; that the children could keep up with their grades if we did not add languages, typewriting, book-keeping, domestic science and other studies to the curriculum. But do we not find as many retarded children in the first three grades where the number of so-called frills is at a minimum?

We must search deeper and farther than the school curriculum for the

causes underlying retardation, so let us consider a program for the cure and prevention of the ills from which the children are suffering.

The group of pre-school children—those children from two to six years of age—found in our homes, orphanages, day nurseries and baby homes, has until recently been left out of our plan. This group of children is a very important one, and upon our inclusion of them in the program for positive health rests the keystone of the whole superstructure of their adult life.

A greater mental development occurs between the ages of two and six years than at any other period of life. (This is readily believable when we think of the mania for investigation and flood of questions of any of our four year old acquaintances.)

Mental and physical habits, which will largely control later life, are developed at this time. With this period of life properly supervised, taught and controlled, the school age group will no longer need to be so often sent to the repair shop for dental work, tonsil and adenoid operations, glasses, etc. Less time need be used in school, teaching habits of cleanliness, proper nutrition, the need for fresh air, and more time may be given to the physical and mental development of the child from six years of age, on through the very difficult and important period of adolescence.

During the pre-school period communicable diseases reap their greatest toll of death and physical handicap, and the toddlers need the protection and benefits to be derived from continued care and training to insure a greater resistance to illness.

The Sheppard-Towner Bill, and its liberal interpretation to include children of the pre-school group, has done far more for our western country than to merely make Federal funds available. It has stimulated the interest of everyone, workers and public alike, and will be productive of much more good than the money can accomplish alone.

It would seem that a program for the pre-school child should cover the phases, education, organization and standardization.

The spirit of public health education seems to me best pictured by our national seal, which shows "The Public Health Nurse, planting the tree of life, namely the desire for better things, better health, better homes, in the waiting soil of the community; for 'When the Desire cometh, it is a Tree of Life'."

Without knowledge of true conditions and their effect on future generations, there will be no "desire" in the hearts of the people for "better things," but true and thorough knowledge will arouse an interest that will bring proper legislation, sufficient appropriations, and the unlimited possibilities for good which universal support promises.

In planning an educational program concerning the pre-school child, we must recognize three groups—the professional worker, the organizations and the general public.

The professional group of physicians, dentists, nurses and social workers must have clearly in their minds the place of the pre-school child in the whole picture of child welfare. They must know the basic needs for positive health, and the relation of each to the other in the whole program from pre-natal care through adolescence. Above all, we must get rid of the fear of socialized medicine which is depriving us of the aid of many of the medical group and delaying the realization of our hopes.

Organizations such as women's clubs, health agencies, educational groups, etc., have a vital part in this program, and should be ready to give the power of their support wherever needed.

Everyone should become familiar with the laws of the board of health—should know what the prevalence of communicable disease means to the life and health of the pre-school child and the means of preventing the spread of these diseases.

Parents, and the children them-

selves, must know how to measure up to the definition of positive health. This definition can be expressed no more comprehensively than in the words of Miss Harriet Leete, field director of the American Child Hygiene Association, who says:

"Positive health may be defined as meaning a body free from any handicaps, physical or mental, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength and happiness, and, back of all this, a spiritual tone which is the key note of an inspiring personality."

There are many ways of getting the desired information before the people; personal contact is one very effective means and the work of the public health nurse is most important in this respect. Public talks in churches, movie houses, before clubs, etc., are other splendid methods. We must not neglect the newspapers, for once convinced of the sincerity of the worker, and given thorough knowledge of the object she has in view, there will be no truer friend.

Poster exhibits, films and slides on health topics are effective means of advertising, and advertising is, after all, what we must do if we desire to interest our public.

To interest the child in his own health and teach him what health means, many of these same methods are found valuable, such as posters, films, and health plays in which the children take part and which teach a concrete lesson. Learning his part in a health play will imprint the lesson on the child's mind as perhaps no other type of health teaching. Poster making is a splendid means of impressing messages of health; younger as well as older children are interested in the rules of the game, and anxious to take part, especially when an older brother or sister is practicing these rules at home.

To carry this education in health to the people and to its ultimate objective, the child, we need organized effort. Unless there is a concrete program and each of us knows his part in that program and how to

fulfill it, there will be many overlapping places and many gaps.

Presented briefly, it would seem that such a program should provide the following:

#### Education of—

- (a) The community, on—
  - The valuation of life and health.
  - Community sanitation and its relation to child life.
  - Relation of child labor to health.
  - Community responsibility for quarantine.
- (b) The Parent, on the importance of—
  - Right physical care.
  - Mental and habit training.
  - Proper food at regular intervals.
  - Prevention of communicable disease.
  - Spiritual and moral training.
- (c) The Child, in—
  - The meaning of health.
  - Personal habits.
  - Health habits.

#### Education to be carried on by—

- Public Health Nurses.
- Pediatricians.
- Dentists.
- Kindergarten Schools.
- Full Time Health Officers.
- Other Health Agencies and Interested Individuals.

#### Through—

- Home Visits.
- Medical Supervision—through clinics for physical examination.
- Dental Clinics.
- Nutrition Classes.
- Supervised Play.
- Public Talks.
- The Press.
- Distribution of Literature.

If we survey the whole plan for health as it exists today, we will agree, I think, that no new organization is needed. Every organized agency we have at present either has, or could incorporate, a department for pre-school health work.

The State Boards of Health, with their Bureaus of Child Hygiene and of Public Health Nursing, are the official agencies who should be prepared to lead out in this program, and carry the responsibility of helping to co-ordinate the work, through contact with each child welfare agency so that its work becomes an integral part of the state-wide program.

The non-official agencies—The public health, tuberculosis, visiting nurse,

child welfare, and parent teacher associations, the Federation of Women's Clubs, colleges with extension work both in mental and physical training, school and farmers' organizations, etc.—all have a place in this work and should stand ready to carry a share of the whole program.

All these organizations must work together under the guidance of the official agency to correlate and standardize the program, the work and the records.

A standardized and co-ordinated program will enable us to see whether our plan fits the needs of the local community, or whether there are parts not covered by any organization, or covered by more than one.

We need standardized work so that we may know that the children are receiving the best care and best health teaching, and that our work measures up to that done in other places.

Then, if we have a standard method of keeping a record of work done, we can check up on our own progress and be able to tell after any given period of time how much, if any, progress has been made.

To summarize: we know present conditions and their probable effects on future generations and we can predict the cost of present status to the state, nation and individual.

In the North-West the work is largely pioneer and rural and we lack many advantages enjoyed elsewhere, such as transportation facilities and good schools and churches close to the rural people.

We have counties larger than many of the eastern states, some with an area equal to Massachusetts, Connecticut and Rhode Island combined, with no system of roads that can be traveled easily the year round. We have hundreds of thousands of acres of uninhabitable sand and sagebrush, that will not blossom with roses, nor wheat and oats, until irrigation reclaims them. These conditions make

our counties poor and taxes high.

What is needed is a correlation of the work of the various organizations already existing, and an extension of the program to include the pre-school child, with more trained workers, especially public health nurses and nutritionists. Physicians trained in public health are needed.

We need kindergarten schools with teachers trained in health teaching. Health programs are necessary in our children's homes and orphanages, and our school officials need a greater conception of the importance of health as a fundamental in all education.

Better team-work must be developed and the public aroused to the need for better living conditions for the whole family. We must have a complete picture of health for the whole family, with the pre-school child in his rightful place, if we hope to share with others our vision of what positive health is, and how we shall proceed to obtain it for our children from infancy to old age.

And last, and of very great importance, we need the quality of patience. But with all these seeming disadvantages, we who are working here are not discouraged nor downhearted. We have faith in our cause and a love for our country and its people. We know that once some of the physical disadvantages of the country are changed, our plans will go forward with splendid success, and so we work on, spreading the gospel of health for the whole family, knowing that someone, if not ourselves, will rejoice in seeing a generation grow from the prenatal period to adult life blessed with positive health, and then we shall reap the reward promised in the words of Mr. Hoover:—

"If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, and the moral character, sanity and stability of our people would advance three generations in one."

# THE HISTORY OF PUBLIC HEALTH NURSING\*

By LAVINIA L. DOCK, R. N.

*Secretary of the International Council of Nurses*

(Concluded)

## THE SPECIAL TRAINING OF THE PUBLIC HEALTH NURSE

IN THE stress of trying to meet the public demands, the individual nurses themselves made the first pleas for a more complete preparation for their work. But few understood whence it should come, and hospital training schools were deluged with insistent claims to have such and such specialties included in their three years' time. Miss Gardner says on this point:

"A woman who is poorly prepared for the work does more harm than good. Mere hospital training does not fit a nurse for the complexities of public health nursing, and it has become plain that every nurse undertaking unsupervised work should have had either sufficient experience of the right kind, or special training." Such training is now (1920-21) given in the form of post-graduate courses, of which there are twenty-two offered by universities in various parts of the country extending from New York to California.

The first of these, we have said, was offered by Teachers College, where a course in hospital economics was already in existence under Miss Nutting's direction. It was the generosity of Mrs. Helen Hartley Jenkins that, in 1910, made it possible to enlarge that department to the Department of Nursing and Health. In a very large measure the success of this university work, boasting the first endowment in America for nursing education, has been mainly due to the vision and creative energy of Miss Adelaide Nutting and her assistant, Miss Isabel Stewart. Other universities and colleges where nurses

are given opportunity for higher training are: University of Pennsylvania, Simmons College, University of Minnesota, University of California, Western Reserve University, University of Iowa, University of Oregon, St. Louis School of Social Economy, Richmond (Va.) School of Social Work and Public Health Nursing, University of Michigan, Yale University, in connection with the New Haven Visiting Nurse Association, and Washington University. This list is not complete, nor is it likely to remain stationary.

But post-graduate schools represent only half the problem. It is even more important that a very considerable reorganization of the entire system of nursing education should be brought about in the interest of all practice of nursing, but very especially to better prepare women for public health nursing. A most searching and scientific study of this fundamental question has been under way for nearly two years by a committee on nursing education, under the direction of Miss Josephine Goldmark. This work is financed by the Rockefeller Foundation, and the report is expected within the current year.

## THE GROWTH OF PUBLIC HEALTH NURSING

Within twenty years' time (up to January, 1920), the organizations engaged in public health nursing have increased in number from 58 to approximately 4000, and the number of nurses employed by them from 130 to approximately 11,000. These represent, besides voluntary agencies, departments of health and of educa-

\* Republished from *A Half-Century of Public Health*, by courtesy of the American Public Health Association.

† This report, in condensed form, has already been published in the September issue of *THE PUBLIC HEALTH NURSE*.



tion, city, county and state, and great industrial corporations.

Perhaps the most significant single factor in the development of public health nursing at the present time is the rapid extension of state direction and control. This is due in considerable measure to the influence of the war and the epidemics of 1918-19, and especially to the peace program of the American Red Cross. The latter has given great impetus to the movement through its offers of financial and administrative co-operation until the states were able to assume full charge. There are now in the various state health departments the following:

Divisions or Bureaus of Public Health Nursing.....	10
Divisions or Bureaus of Public Health Nursing and Child Hygiene.....	10
State Supervising Nurses (without Bureaus).....	4
State Supervising Nurses, financed privately.....	2

The first, and perhaps the most notable, law providing for a state public health nursing service is that of New York, enacted in 1913.

#### PRESENT STATUS OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

During 1920 and 1921, this organization became one of the constituent members of the National Health Council and of the National Child Health Council. This latter connection offers almost unlimited opportunities, not only for more efficient and economical administration (this being true of all members of the Council), but for expansion and increasing effectiveness of service.

Its staff includes the following positions: executive secretary, assistant to the executive, educational secretary, librarian, assistant librarian, eligibility secretary, membership secretary, statistical secretary, assistant statistician, editor, assistant editor.

It publishes a monthly magazine, *THE PUBLIC HEALTH NURSE*. It

maintains a library department, the plan of which is to place literature on public health nursing in a selected library in each state and to circulate "packet libraries." Forty-three such centers have been established, the libraries selected being usually state libraries or those of universities.

The library department keeps current publications on classified subjects in the field of public health. The library also maintains an active advisory service through correspondence.

The organization has standing committees on the following: Public Health Nursing Education; Organization and Administration; Legislation, Records and Reports.

Four sections have been created for the development of the following special subjects: Tuberculosis Nursing; Child Hygiene Nursing; School Nursing; Industrial Nursing.

The war service of the Organization was of considerable importance. A Washington office was maintained during the war. The executive secretary was loaned to the Council of National Defense, where she served as secretary to the three committees on nursing of the Council. The associate secretary, Miss Mary E. Lent, was loaned to the United States Public Health Service to organize the nursing service in twenty-two zones. Of her work, Surgeon General Blue said:

"For the first time in its history, the United States Public Health Service, during the recent war, organized a division of public health nursing. The work which these nurses performed was of inestimable value. It is not too much to say that without their aid our success in keeping down sickness in the extra-cantonment zones and in making the venereal disease rate in our army lower than that of any other army in modern times, could not have been achieved.\*

Of special importance also was the war work of the Sub-Committee on Public Health Nursing under the chairmanship of Miss Mary Beard. This committee secured special Red Cross enrollment of public health nurses, exclusively for public health

\* Venereal Disease Division, Bulletin No. 43.

work. It served, through the secretary, on a special advisory committee to the Red Cross Department of Nursing. It was largely instrumental in securing special service chevrons for Red Cross nurses, public health nurses and others, who stayed at home as a patriotic duty. It prepared a series of lectures on the historical, social, economic, and clinical aspects of venereal diseases for the use of training schools, of public health nurses and social workers in venereal disease clinics. It shared with the National Organization the responsibility for the construction of a complete plan for an emergency preparation for public health nurses to meet the demands created by the Children's Year program.

The activities of the Committee on Home Nursing, of which Lillian D. Wald was chairman, were as follows: It prepared for the Committee on Labor a report on the extent of industrial nursing in the United States and of the industries in which nursing care is especially desirable. It placed at the disposal of all industries, especially those engaged in war work, information concerning the location of existing public health nursing agencies whose services could be utilized in case of emergencies or other need. It interested the United States Shipping Board and the National Emergency Housing Commission in the importance of providing accommodations for public health nurses in their plans for housing units. It prepared and circulated 42,000 letters setting forth the increased importance of health protection of industrial workers and the value thereto of public health nursing care. These were sent, accompanied by letters of transmittal written by Mr. Gompers, to all trade and labor unions and to all employers' associations in the United States.

The activities of the General Committee on Nursing during the war, M. Adelaide Nutting, chairman, were too numerous to be mentioned in full, and pertained only indirectly to public health nursing.

Soon after the war, the National Organization for Public Health Nursing entered into working agreement with the National Tuberculosis Association and the American Red Cross, which offered an admirable opportunity for combined service in the standardization and extension of public health nursing.

### PRINCIPLES OF WORK

With all the variation in types of public health nursing and despite conflicting practical conditions, certain fundamental principles which have been tested by experience are quite universally accepted. These we may briefly summarize as follows:

The training and preparation of the nurse has been spoken of. Another general principle is that the nurse should not work under a charitable organization. If she does, her services are limited to those below the poverty line and others are unwilling to ask for her. If she dispenses material relief, patients learn to look for and value such assistance rather than her own gifts of nursing skill and wise advice. Miss Gardner says:

"A nurse should stand upon her public health nursing ability alone, meeting the material needs of her patients through co-operation, and she should be available to all who may need her services. The work should be on as sound a financial basis as possible. All who can afford to make payment for services of the nurse should do so. This usually is arranged on a sliding scale, the maximum being the cost price of the visit, and the minimum, the amount possible for the poorest patients, a range usually covering from five cents to fifty or sixty. In every city there are many who can save nothing from an inadequate income for the rainy day of illness (this is equally true of country dwellers, who often have almost no money, though they may be able to live from the products of their garden) and there are others who because of ill health, age, widowhood or some other handicap never rise to the level of self-support at all. These groups must receive free care, yet the general rule should nevertheless obtain, that wherever possible, payment for visits should be made. This now is generally accepted where bedside care is given."

Referring to Miss Gardner's statement of fifty or sixty cents as a maximum fee, it should be said that a con-

siderable number of associations now offer a so-called hourly nursing service at full cost or more, amounting to seventy-five cents or a dollar. This is increasingly sought by families of ample means. The burning question of the day is to find a means of bringing education and curative nursing to the great wage-earning and middle-class population at a cost which they can afford.

Record-keeping is a most important part of public health nursing. Records should be kept in such a way as to supply a perfect picture of the volume and type of work done in reference to its cost, and should furnish data from which information can be obtained concerning the various aspects (*i.e.*, social, economic, status of public sanitation and hygiene, effects of industry, rural problems) of sickness and health. They should also permit of simple and convenient reference to individual cases.

One of the earliest principles adopted in modern visiting nursing was that of non-interference in religious belief. Miss Gardner says:

"The wisdom of this general principle has only been emphasized with succeeding years. It has also been found that it is wiser for public health work not to be carried on by a church. A certain limitation of usefulness then becomes inevitable, for it is difficult to avoid the appearance, at least, of sectarianism. It is far better for the churches to contribute to the support of an association which will care for the whole of the community without geographical or other limitations. We have, however, not said all when we say that the nurse shall not interfere. From her position in the home, she can often give positive help in strengthening already existing church connections. The question is not a difficult one if the public health nurse remembers that she is not representing her own religious faith, but the spirit of helpfulness which expresses itself in the effort on her part to strengthen all

bonds, making for the better life of the patient."

The art of co-operation has become the keystone of good public health nursing work. Alone, the nurse is powerless to change conditions for her patients. To attain her best usefulness she must know every source to tap for help in meeting the conditions caused by the complexity of modern life. Yet this side of co-operation has perhaps been dwelt upon to excess. What, on the other hand, is the well-trained public health nurse to do, when in a flourishing town of, let us say 12,000 to 20,000 inhabitants, she finds a local health board so negligent and casual as to be practically non-existent; no truant officers; no active groups of civic-minded men and women; no segregation of the feeble-minded; no hospital provision for the isolation of contagious cases; no civic interest in housing problems; not even a charity organization society?

In the bedside care of the patient the best private-duty standards are aimed at, so far as possible. On professional relationships with physicians, Miss Gardner says:

"The public health nurse should not diagnose, should not prescribe, should not recommend a particular doctor or a change of doctors, should not suggest a hospital to a patient without the concurrence of the doctor, and should never criticize by word or unspoken action any member of the medical profession."

But on this statement, Athel Campbell Burnham, M. D., makes this statement:

These rules appear to me too severe, and I believe that in time they may be modified so that a nurse will not be compelled to serve under a physician who is palpably ignorant or dangerously careless.\*

\* The Community Health Problem, page 43.

Seen in a Mid West town—a druggist's effort to advertise the Baby Clinic Week in the County:—

"Babies need;  
Talcum  
Castile Soap  
Nipples  
Pacifiers."

## THE PASSING OF A GROUCH

By ELIZABETH M. FOCHT

Hanover, Pa.

THE heat of mid-afternoon found the Visiting Nurse plugging wearily along over the uneven pavement; her uniform across the shoulders was damp with perspiration and she mopped her itching face with a handkerchief already wet from previous applications. She nursed a grouch. "Such a life!" she muttered as she changed her bag from one hand to the other, "and then—what *for*? Trying to get people to do things they never heard of before, especially when they like their old onion poultices and sulphur bags and teas—" Even thought was wearisome; anything cheering in connection with her work particularly so—she wanted her grouch to hold out, she was enjoying it so much.

A crowded automobile flashed by. Some one cried, "Hey, Somebody, sorry you can't go along."

"Lots of good that does *me*," and her step grew even less elastic, a trickle of perspiration ran from her temple to her chin and her grouch grew.

"Uyah, uyah!" cried Master Richard, imitating an automobile as he bore down upon the nurse from the rear on his velocipede.

"I'll not get out of the way for *that* spoiled kid," she growled to herself as she continued down the middle of the walk.

Hump! She dropped in a heap with velocipede wheels and brown legs. "Wow, wow," wept Richard, thoroughly alarmed at the success of the collision. "I didn't mean to, I didn't mean to," and as the nurse remained sadly sitting where she fell, "Why don't you get up," he howled, "Can't you? Wow, wow, I only aimed to bump you!"

"Your aim was all too true," observed the nurse as she pulled herself together and started on.

"Miss Somebody," screamed Richard, appalled at her action, "aren't

you going to—aren't you going to—" he hauled up his velocipede, scrambled on and pedaled rapidly after her. "Aren't you going to tell me about that monkey? Yesterday you said—" he stopped in dismay.

"Well, hardly," said the Visiting Nurse pausing; his tear-stained face and incredulous eyes caused her to waver, but she hardened her heart, "Boys who bump *people*—" the sentence was too dreadful to complete and she proceeded on her way.

"Aren't you really, *really*—" he could not believe his misfortune. Miss Somebody glanced over her shoulder, he was an appealing figure. "Maybe, tomorrow," she relented. Farther on she looked back again, he sat where she had left him, ruefully gazing after her. "Serves him right," she grumbled to convince her uneasy twinges and returned with determination to her grouch.

"I can't see what they mean," assailed her ears in shrill feminine tones from the side lawn at her left. A companion voice replied from the porch steps ahead where its owner plied a heavy stream of water from a garden hose upon the paved gutter. "Yes they goes right over it, you'd think they'd know better, you'd think they could keep off'n it."

Miss Somebody perceived that she was walking over a freshly washed pavement. As she stepped around coils of hose, across the streaming gutter and continued on her way by walking in the street she wrathfully pondered what a sidewalk might be for.

A fashionable lady in the latest model of a fashionable car drew up at the curb with a gentle shriek of brakes. How cool she looked! The nurse dragged forth an unwilling smile. The lady spoke,

"Oh, Miss Somebody, I *want* you to stop—How *warm* you look. I suppose you are *busy* these days, it's

a good thing you *don't* mind it. Of course you get *used* to the heat. . . . Well, I want you to stop in to see an old lady. I happened to hear of her yesterday. She lives on Cleveland Street, 104 the number, I think. Her name is Honsenhelder. She fell. She broke her hip—"

Miss Somebody put in a word edgewise with the greatest pleasure and satisfaction. "I've been taking care of Mrs. Honsenhelder for the last month," she said.

The fashionable lady looked a bit dashed. "Oh, of course in that case it's all right," and away she went. Miss Somebody gloomily returned to her travel across town. "Another year," she thought, "and there won't be anybody worth mentioning in this town that I haven't washed and dressed, and yet they're scared lest I might miss some one." Her grouch was at its height.

At the door of a little frame house on the edge of Giggsville, Miss Somebody knocked, then entered. "Heigh-oh, I'm coming," she called and toiled up a steep and narrow stair. He was an old, old man; his hair was white and thin and turned in little curls above his ears. His fine, slender hands gnarled and twisted with work and age rested upon the coverlet, and that waiting look, so hard to meet, lay in his large brown eyes, for the old man had been an invalid for twenty years. He was a silent old man, it was an effort both to speak and to listen. His hour with the nurse each day passed in exchange of kindly and understanding glances, with little smiles thrown in here and there. For the nurse liked the old man and it was evident that he looked forward to her coming. Today she was pleased with the silence in which

she could concentrate on her grouch—it required an effort to maintain it in such a room with such a patient.

"Well," she said at last when the quiet seemed almost oppressive, "tonight I'm going to hear a great violinist at the Opera House."

The old man looked interested, "That's a place I've never ben, the Opry House," he said; and meeting the little look of inquiry in the nurse's eyes he added slowly, "Till I was took I lived 'way back in the country 'mong the hills."

"I'll tell you, then," said the nurse unwarily forgetting her grouch for the moment, "Just what the Opera House looks like," and she described it thoroughly, winding up with the little red lights over the exits.

The old man looked appreciative and offered a bit in return to the conversation, "I seen a animal show oncet," he said.

Miss Somebody suddenly found herself wondering how many circuses she had gone to, she could not tell how many plays and famous actors she had seen, the wonderful music she had heard. The old man's words recurred to her again and again, "I seen a animal show oncet." She brought herself up, remembering her grouch, "Sentimental Goolosh," she said to her thoughts, "I guess he had his fun too, of the kind he wanted."

His quavering old voice roused her, "I druv a team sence I was ten, I aint ben nowhere." He raised those patient, clouded eyes to the face that bent above him, "I was brung up *hard*, I aint never knowed nuthin' but work—and lyin' here."

The nurse felt her grouch slip from her, she could not will it back; she wondered if the old man understood the added gentleness of her touch.

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Charlotte Kunze, of Fayette County, Mo., states that the latest thing in a "stop" signal for the public health nurse is a white rag tied over a mail box.

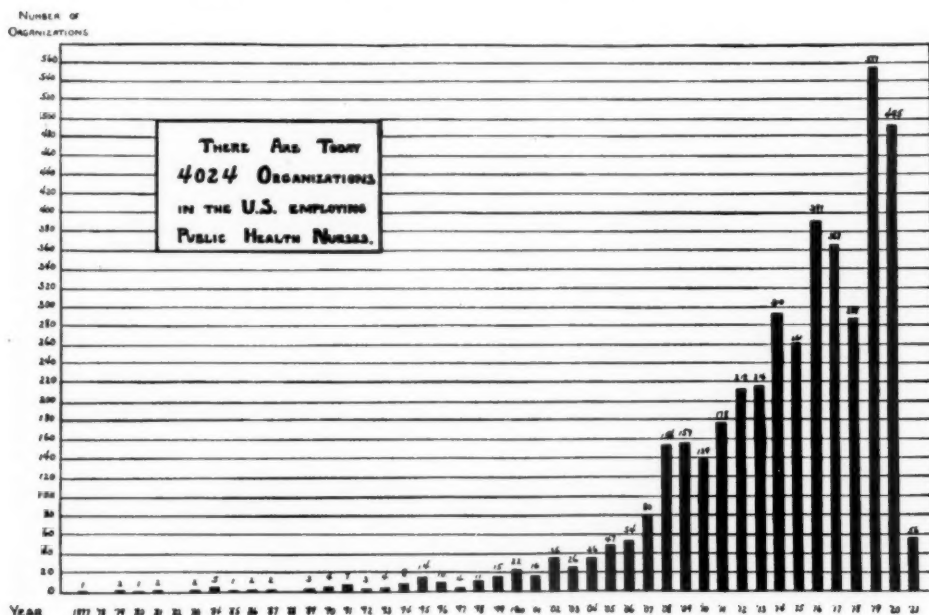


# ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

*Edited by* ANNE A. STEVENS

## THE PUBLIC HEALTH NURSING MOVEMENT 1877—1921

### NUMBER OF NEW ORGANIZATIONS FORMED EACH YEAR



*Chart prepared by the National Organization for Public Health Nursing.*

Between the years 1877 and 1921, 4299 organizations were formed for the purpose of administering public health nursing service. Of this number 275 were dissolved, leaving today 4024 organizations.

A study of the chart shows that a real impetus was felt in 1908, and from that time on hundreds of organ-

izations were formed each year, 1919 being the most productive year. In 1921 only a very few new organizations appeared, perhaps due to the fact that a large part of the need had already been met, or perhaps to the fact that there were not a sufficient number of public health nurses in the country to meet the demand.

# THE COMMITTEE TO STUDY VISITING NURSING

Since the Convention the Visiting Nurse Association Appraisal Study Committee has approved a statement of the aim of the Committee and a general plan of work.

The aim is:

I. By studying the visiting nursing services in a sufficient number of specified centers (probably not less than 15)—

1. To evaluate the present quality of visiting nurse work.
2. To determine the "per visit cost."

II. To Recommend:

1. The content of the various types of visits made by visiting nurses.
2. The most economical operating machinery necessary for making such visits.  
(This would include the quality of the workers, the quantity, quality, and character of supervision, the relation of the cost of time spent in travel, record keeping and administration to that spent on nursing.)

3. A uniform system of accounting for use by visiting nurse associations.

4. A basis for determining the "per visit cost."

It has been decided to collect data about the present practice of visiting nursing by observing the work in several centers. This data will be studied by the Committee and will form the basis for the recommendations which the Committee hopes to make.

Miss Almena Dawley, Department of Social Investigation of the Pennsylvania School of Social Health Work, has been appointed as Director of Investigations, and Miss Theresa Kraker and Miss Janet Geister appointed as nurse investigators to collect data about the present prac-

tice of visiting nursing. An accountant will later be designated to get data on the accounting methods used by visiting nurse associations.

For the sake of ease in designating the Committee it has been voted to change the name from "The Visiting Nurse Association Appraisal Study Committee" to "The Committee to Study Visiting Nursing."

Philadelphia has been selected as the city in which the Executive Committee will try out the schedules for collecting the data needed as the basis for the study. After thoroughly testing these schedules they will be presented to the Committee of the whole for adoption for use throughout the study in all the cities to be visited. The work in Philadelphia is now in progress. The other cities to be studied have not yet been decided upon.

## A CORRECTION

On Page 373 of our July issue was published a chart showing the number of nurses per 1000 of population in the 10 largest cities of the United States.

Owing to the fact that certain alterations were called for after the zinc etching had been made, the heading of the chart had to be removed and through a misunderstanding on the part of the printer was omitted. It should have read as follows:

Number of People to One Public Health Nurse  
In the Ten Largest Cities in the United States  
According to 1920 Census Statistics.

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## LIBRARY DEPARTMENT—BOOK NOTES

*Edited by A. M. CARR*

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### THE EVOLUTION OF PUBLIC HEALTH NURSING

*By Annie M. Brainard*

W. B. Saunders Co., Philadelphia, price \$3.00

A copy of Miss Brainard's book has just been received from the publishers, too late, we regret, for more than this notice. A review will appear in a later number.

### FLORENCE NIGHTINGALE

*A Play in Three Acts*

*By Edith Gittings Reid*

Macmillan Company, New York, \$1.25

Our readers will recall the report in the *PUBLIC HEALTH NURSE*, September, 1921, of the Committee on the Florence Nightingale Play Competition, one of the efforts to commemorate the Nightingale Centennial. Twenty-eight plays were submitted to the Committee, the members of whom were Mrs. Minnie Maddern Fiske, Miss Marylka Modjeska, granddaughter of the famous actress, Miss Alice Beer, and Miss Lillian Wald. The prize of \$500.00 offered by the Central Council for Nursing Education was awarded to Professor Harold Newcomb Hillebrand, of the University of Illinois. The second play that won the favor of the Committee was that of Edith Gittings Reid.

Nurses will warmly welcome the play in book form, and will appreciate Mrs. Reid's masterly treatment of a difficult subject, "A sensitive and fine study," Mrs. Fiske calls it, and comments as well on the beauty of the closing scene. The foreword is a good summing up of the unique and powerful personality which inspired the play. And that the book has been dedicated to a nurse is fitting.

### FOOD, NUTRITION AND GROWTH

*J. Emmet Holt, M. D.*

Macmillan Company, New York, \$1.50

Dr. Holt's book contains a series of lectures delivered at the Leland Stanford Junior University in Dec-

ember, 1921. It does not pretend to cover the whole problem of nutrition in text book form, instead, Dr. Holt presents entertainingly and instructively a few of the fundamental principles of nutrition in relation to growth, and focuses the reader's attention upon some of the recent developments in nutritional knowledge. The chapters in which he deals with the relations between teacher, pupil, parent and physician are unusually full of suggestions and the emphasis well placed on the necessity of "teaching the teacher to teach health." The fashionable vitamins, various interesting ways of handling a health class, careful analysis of the amount of food needed by a growing child (and Dr. Holt's standard is the child himself—not a standard weight chart), these are a few of the problems which receive scholarly and scientific treatment.

This is the type of book which stimulates thought and which thrusts new possibilities into the hands of the discouraged worker. It is all very readable, practicable, and reveals the progressive open-mindedness of a true scholar. *D. D.*

### NUTRITION AND GROWTH IN CHILDREN

*By Wm. R. P. Emerson, M. D.*

D. Appleton & Co., New York, \$2.50

There must be many readers in the United States, both professional and lay people, who have been disappointed to find that Dr. Emerson's book does not give more information than has appeared from time to time in our monthly and quarterly magazines. The book is an excellent restatement and consolidation of our present knowledge of nutrition. Any new student in the field should read and own it for the sake of its text book qualities. Dr. Emerson writes simply, covers every phase of his subject, and is delightfully resourceful in suggesting the causes of and re-

medies for malnutrition. There is perhaps too much stress laid on the weight chart system. It is extremely difficult after reading the chapter on "Malnutrition in the Home" not to feel that all children of a definite weight and height fall into one class and exhibit the same general symptoms and defects. Apparently, the child up to weight, in proportion to height as indicated on the chart, should be unfailingly healthy and normal. Of course, such a rigid classification cannot always apply. On the other hand, the part that home, school and camp may play in forming bad food habits and the power they should be in forming good habits, is extremely well presented.

We have known for years that many of our common diseases are preventable. We know the strongest step toward prevention is the resistance to disease offered by a healthy and well nourished body. It is indeed a challenge to the homes and schools of America to see to it that malnutrition and lowered resistance are eliminated. We have now no lack of facts, materials and methods. We need more teachers. Clinics and classes conducted on the general lines indicated by Dr. Emerson's book should go far toward decreasing the mortality rate of future generations.

D. D.

#### HOSPITAL AND BEDSIDE GAMES

*Neva L. Boyd*

Chicago School of Civics and Philanthropy,  
2559 South Michigan Avenue, Chicago, 35 cents

The title explains the purpose of this little book. Prepared primarily for hospital use, an expert knowledge of these games would undoubtedly in many situations add to the popularity of the public health nurse.

#### RECENT GOVERNMENT PUBLICATIONS

*High Schools and Sex Education:* A Manual of Suggestions on Education Related to Sex, has just been issued by the U. S. Public Health Service. Price 50 cents.

The manual, which with the appen-

dices and bibliography covers ninety-eight pages, was prepared under the direction of the Surgeon-General, U. S. Public Health Service, in collaboration with the United States Bureau of Education, and is edited by Benjamin E. Gruenberg, Ph. D.

The list of contributors and advisers to the manual is long and distinguished. It has been prepared for high school teachers and principals. The introduction gives the development of the school's responsibility and a definition of sex education.

Part 1—Takes up Sex Education in the High School; Methods and Supplementary Devices; and Teacher Preparation and Co-operation.

Part 2—Sex Education in the Subjects of the Curriculum.

A suggested outline of a Summer School Course for Teachers is given in an appendix. A good bibliography is also given.

*Public Health Reports*, August 25th, Volume 37, No. 36, contains two articles on: Effect of Bad Posture on School Children; Measles: An Important Disease from Public Health Standpoint. September 8, 1922, contains: Physical Defects and Sickness in School Children; Duties and Responsibilities of the School Nurse, by Taliaferro Clark. Public Health Bulletin No. 110: A Synopsis of the Child Hygiene Laws of the Several States, including School Medical Inspection Laws.

U. S. Children's Bureau, Washington, D. C., Bureau Publication No. 107: County Organization for Child Care and Protection. An important and valuable publication. Send for it. Office Administration for Organizations Supervising the Health of Mothers, Infants and Children of Preschool Age, with Special Reference to Public Health Nursing Agencies. Send for this also.

Bureau of Education, Department of the Interior, Bulletin, 1922, No. 1: Recent State Legislation for Physical Education.

With the nation-wide cancer week in November which the American Society for the Control of Cancer is promoting, we remind nurses that a number of pamphlet publications of value to them can be had from the office of the society, 370 Seventh Avenue, New York City:

*How the Public Health Nurse Can Help to Control Cancer* (originally printed in THE PUBLIC HEALTH NURSE, 1916, revised 1922). Fighting Cancer with Facts.

*What Everyone Should Know About Cancer*: A handbook for the lay reader.

*Vital Facts About Cancer*: A Booklet giving the origin, development and methods of work of the society.

The Report of the Transactions of the Twelfth Annual meeting of the American Child Hygiene Association, held in New Haven, Conn., 1921, is now available.

These reports are so well known as a reservoir of valuable material on all phases of child hygiene that it is hardly necessary to do more than make the statement to our readers of the availability of this latest volume. In the table of contents such titles as: Child Welfare Problems and Standards, by Grace Abbott; the Relation of Obstetrics to the Community (both rural and urban), by Dr. F. L. Adair; a number of addresses, by both doctors and nurses on that section of humanity, now very importantly with us, The Pre-School Child; Health Education; Co-ordination of Child Health Activities, and a history of the development of the child hygiene movement, show conclusively to nurses the value of this volume. Libraries should be urged to possess a copy.

*The Positive Health Series* is a set of six pamphlets prepared and issued by the Women's Foundation for Health, in co-operation with the Council on Health and Public Instruction of the American Medical

Association and the Bureau of Social Education of the National Board of the Young Women's Christian Associations. As we have had a number of inquiries for information about the Women's Foundation for Health, Inc., it may be well to explain that it is "An organization for the correlation of health plans of fifteen leading national women's organizations formed with the purpose of correlating the health activities of the various organizations in a program for positive health. This series of pamphlets comes in response to a demand for a common text to be used and distributed by the Foundation."

The Council on Health and Public Instruction of the American Medical Association passed the following resolution at their regular meeting in New York City, November 18, 1921.

WHEREAS, The Women's Foundation for Health has developed a program of health education based on a positive ideal of health; and

WHEREAS, The group of physicians associated with the Foundation has succeeded in demonstrating a plan which is consistent with the ideals and standards of medical practice and which furnishes a basis for the promotion of positive health education by physicians in accordance with the ethical requirements of the medical profession; therefore, be it

RESOLVED, That the Council on Health and Public Instruction of the American Medical Association recommends the general adoption of the Foundation's program as a means of improving health standards. That in order that such a program may be effectively executed, physicians be urged to emphasize health examinations and to assist wherever possible in education in positive health.

This resolution fixes the value of the work of the Foundation. The six pamphlets cover a wide field.

I. The Newer Conception of Health. Health examinations, detailed.

Part One: Suggestions for Physicians, Nurses and Directors of Physical Education.

Part Two: Individual exercises (illustrated).

II. The Individual and the Community, with a plan for the staff of a Local Health Foundation. Feet, posture, shoes and walking.

III. Nutrition in Relation to Health and Efficiency. Professor E. V. McCollum.



IV. Mental Health. William A. W. White, M. D. Bringing up Children. Jessie Taft.

V. The Heritage of Life. Walter B. Cannon, M. D.

VI. Recreation for Health Building. Professor E. C. Lindeman. Social Education. National Board of the Y. W. C. A.

The set of six costs \$1.00. They may be had singly, No. 1, 35 cents; the others, 15 cents.

The Foundation also publishes a set of six posters at a cost of \$1.00. Address: The Women's Foundation for Health, Inc., 370 Seventh Ave., New York City.

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The National Committee for Mental Hygiene, under the auspices of the Mental Hygiene Council of the Public Health Federation of Cincinnati, has recently conducted a Mental Hygiene Survey of Cincinnati and Hamilton County. Their conclusions have been published in the form of a report which can be obtained from The Public Health Federation, 25 East Ninth Street, Cincinnati, Ohio.

The purpose of this survey was "To throw light upon the mental factors involved in various social problems with which this city has to deal, to determine the frequency of mental disease and feeble-mindedness, and what bearings these conditions, as well as other mental conditions, had upon delinquency, illegitimacy, vagrancy, prostitution, dependency, outdoor relief, unemployment, etc."

The results of the study extending over a period of a year are presented in the report and should be applicable to other communities.

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The eighth Annual Report of the International Health Board of the Rockefeller Foundation has recently been issued. "Promoting Health in Many Lands," is indeed an apt title for its contents.

An element of romance as well as practical achievement always intrigues the reader of these Rockefeller Reports. Haunting names, such

as Yucatan, Papua, the Madras Presidency, the Solomon Islands, Nicaragua, and Siam give a background of color and adventure, quite independent of interest in their sanitary conditions or the fight against yellow fever, malaria, and hookworm.

It is worth while to write to 61 Broadway, New York for this report to get a vision of the health problems and purposes in the 63 states and countries throughout the world in which the International Health Board has shared.

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The Child Health Organization has recently made an arrangement with the Macmillan Company, New York City, for the publication and distribution of their books.

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The illustrated Reports of the Pine Mountain Settlement School, Pine Mountain, Harlan County, Kentucky, make most delightful reading. Romance, the picturesque, pathos, humor and, above all, the sturdy citizenship that repays a thousandfold all efforts and sacrifices for its advancement, stand out on every page.

The schools, the classes, the boys' homes, the girls' activities, the infirmary, the Fireside Industries Department working for the conservation of mountain handicrafts, and the nurses, make a scheme of rural service surprisingly wide as a result of only a few years of effort.

Miss Anne R. Medcalf, the nurse at Line Forks Settlement—one of the new community centers of the Settlement, has sent us, as well as the Report, some printed "Notes" issued by the Pine Mountain School. One of these has a charming account of the old ballads kept alive through generations of the mountain folk and the newer ones with ballad pictures of their own lives, and additions to some of the old—such as to the well-known "Madam, will you walk and talk with me?" these newer lines "I will give you a little pacin' horse, That paced these hills from cross to

cross." There is also a delightful "courtin'" ballad which has never been included in any printed collection but which, alas, is too long for us to quote.

Miss Y. G. Waters has presented the Organization with a copy of Hospitals, Dispensaries, and Nursing—Papers and Discussions in the International Congress of Charities, Correction and Philanthropy, Section III, held at the World's Fair in Chicago, June, 1893. This valuable and interesting volume, published in 1894 and long since out of print, contains a report of the session and papers of the Sub-section on Nursing, which we believe was the first "Convention" of nurses in this country, and of which Miss Isabel Hampton was appointed chairman. Among the interesting papers presented was one by Miss Edith Draper on "The Necessity of an American Nurses' Association", urging nurses to commemorate their part in the World's Exhibition, and this first American recognition of their growing importance as a profession by "becoming a united organization, a body of women trained to be of unquestioned benefit to mankind and not lacking in love and sympathy for each other"—a hope destined to be fulfilled by the creation in the same year of the forerunner of the National League of Nursing Education, the American Society of Superintendents of Training Schools, and three years later of the Nurses' Associated Alumnae, now the "A. N. A."

A number of papers on "district nursing," Miss Amy Hughes and Mrs. Dacre Craven (Miss Florence Lees), speaking for the English development, appear, and one address, probably the first to publicly present the beginning of district nursing in this country, by Miss C. G. M. Summerville of Boston.

Most interesting of all in this early and little-known volume, however, is a paper, presented through Baroness Burdett-Coutts, as part

of the work of the Congress, by Florence Nightingale on "Sick Nursing and Health Nursing," the earliest, we think, in which the word "Health" as a definite aim in connection with nursing appears. We are familiar with the first and pregnant sentence of this paper—heard, we can imagine, with what appreciation of their great leader by those early nurses at this national gathering: "A new art and a new science has been created since and within the last forty years, and with it a new profession so they say: *we* say calling . . . And a new science has also been created to meet it which concerns every family in the world . . . This is the *art of health* which every woman ought to learn . . . call it *health nursing* or *general nursing*, what you please. It is the want of the art of health, then, of the cultivation of health which has only lately been discovered." Miss Nightingale goes on to say, in no uncertain tones, much that for years went unheeded while "sick nursing" pursued its way. In this paper is foreshadowed industrial medicine and nursing, school sanitation, medical inspection and nursing, and the general teaching of what "the devastating Florence" calls "practical hygiene." And the last sentence rings out like a clarion: "High hopes, which will not be deceived."

#### A CORRECTION

In the August number of THE PUBLIC HEALTH NURSE in the Library Department on page 435, under National Tuberculosis Association, Modern Health Crusade, The Manual for teachers, superintendents and health workers, is noted as the fourth edition, 25 cents. It should be the *fifth edition*, at 8 cents.

A worthy bit of philosophy is that pronounced by the inarticulate carpenter, "Mr. Bates," in Walter de la Mare's enchanting book, *Memoirs of a Midget*: "Well, Miss, what I say is, a job's a *job*; And if it is a job it's a job that should be made a job *of*."

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## RED CROSS PUBLIC HEALTH NURSING

*Edited by* ELIZABETH G. FOX

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### AMERICAN RED CROSS SERVICE FOR THE INDIANS

**I**N ORDER to demonstrate the need for and efficacy of expert health work in the Indian Reservations, the Red Cross is sending three experienced public health nurses to Reservations in Arizona, New Mexico and South Dakota, to conduct a survey of health conditions among the Indians and, where profitable, to carry out an intensive public health nursing experiment. This study is being made at the request of Commissioner Burke, Chief of the Government Bureau of Indian Affairs, who is anxious to bring about a higher grade of health service than is now obtainable for the Reservations.

In his letter to the Red Cross he wrote: "I am very solicitous to get into the Indian Service upon the Reservations some new blood and would like to obtain sufficient appropriations from Congress to pay salaries that would make it possible for us to secure the services of young women, trained in welfare service. I know what the American Red Cross has done in encouraging the counties in the states to employ county nurses, and I am sure if we could have some co-operative assistance we could make a showing that would appeal to Congress in a way that we should have no difficulty in getting appropriations that would enable us to do what I have indicated."

With a view to giving the best service possible for this important co-operative work, the Red Cross is sending Florence M. Patterson, former director of the National Organization for Public Health Nursing to make an extensive study of conditions in four or five reservations, most of them in Arizona and New Mexico. She will visit and study these settlements and the health facilities of the reservations according to whatever plan will enable her

to get a thorough understanding of the situation and to make recommendations for meeting the needs. She will have with her as her assistant another public health nurse whom she will probably assign to one or two settlements one after the other to see what can be accomplished by a four or five months' piece of steady work in order to prove the value of a public health nursing service to the Indian families and to try out some of the plans which will be recommended in the study.

The Red Cross is also placing a public health nurse on the Pine Ridge and Rosebud Reservations in South Dakota to develop a regular public health nursing service and to study conditions in the course of her service. The work is purposely being approached by these two different methods in the north and south in order to arrive at the most practical conclusions concerning the kind of service which could be carried on successfully on the reservations. The piece of work in the southern field is more definitely a study of conditions, while that in the northern field is more of an experiment to find out what can be accomplished through a public health nursing service.

The progress of the work will be reported from time to time and at the end of a year a report of the findings will be submitted. Commissioner Burke, who is intensely interested in this survey and demonstration, is confident that it will not only prove of value to the Indians but will also assist in solving some of the reservation problems relating to health and sanitation.

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### A NEW CHAPTER SERVICE IN THE CANAL ZONE

In response to the request of Surgeon Gen. Ireland of the Army for a public health nurse to care for and instruct the families of soldiers of the 42nd Infantry stationed at Camp

Gaillard in the Canal Zone, the Red Cross has appointed Miss Matile Simoni, an experienced public health nurse, to initiate this work.

The request came about through the efforts of a group of the wives of officers at Camp Gaillard to get adequate care in sickness for the wives and children of the soldiers.

The 42nd Infantry is a Porto Rican regiment and is the most married regiment in the Army, having 213 married enlisted men and 336 children, with the expectation of 150 confinements within the next six months. The camp is five miles from a railroad and was nine miles from a hospital until a small maternity hospital was started through the efforts of the Welfare League which the wives of the officers formed for the betterment of the conditions of the soldiers' families. This little hospital can care only for maternity cases. The home conditions of the soldiers' families are deplorable. Many of the mothers have eight and ten children and are ignorant of the first idea of their care and of sanitation and hygiene. The children are in great need of medical attention and health instruction which the busy doctors cannot give. The ladies of the Post have done all that they can for the soldiers' families but they have realized the need of a public health nurse to care for the sick in these families and to instruct them in healthful living and the prevention of sickness.

The Army Nurse Corps, because of the reduction in its appropriation and consequently in its personnel, is unable to provide a public health nurse for the care of these families. Surgeon-General Ireland is, however, very much interested and has asked the Red Cross if they could not find a way to provide this care.

There is also a great need of and opportunity for health work throughout the jurisdiction of the Canal Zone Chapter among the civilian population and government employes. Since the employment on the Canal has been reduced, many of the employes

have remained in the Zone without or with only occasional work. The resulting hardship has been reflected in poor health conditions. There is no public health nursing being done in the Canal Zone.

The local chapter is anxious and willing to have a public health nursing service established and is gladly undertaking its direction. While the initial purpose of establishing such a service is to provide visiting nursing and instruction for the families of the 42nd Infantry, it is the desire of the Red Cross that this public health nursing service should be extended as needed throughout the entire jurisdiction of the chapter as a Red Cross activity supplementary to the health work of the Government.

Miss Simoni, who has already started in on this work, is a graduate of St. Michael's Hospital, Toronto, Ontario, and has for six years been connected with the Division of Public Health Nursing of the Toronto Department of Health, by whom she is well recommended. Her brother, Captain Simoni, is Chaplain to the Army Post at Camp Gaillard. As Miss Simoni speaks English, Italian, French and Spanish fluently and is a tireless and devoted worker, her service should and doubtless will bring about a great improvement.

#### ANNA A. EWING

Anna A. Ewing, who has been with the Red Cross Public Health Nursing Service since its establishment as a Bureau in 1918, first as Director of Public Health Nursing in the Atlantic Division for four years and recently as Assistant Director of Public Health Nursing in the larger Washington Division, is leaving to take up advanced studies in public health nursing at Teachers College and to get special clinic experience in New York City.

She has at all times been a valuable member of the staff by reason of her experience and personality, and we regret the necessity of releasing her. Our warmest wishes go with her in her new undertaking.

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## NEWS FROM THE FIELD

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### "NATIONAL CANCER WEEK," NOVEMBER 12-18

THE American Society for the Control of Cancer has announced that its National Cancer Week for 1922 will be conducted from November 12-18 and the Society urges the full co-operation of all nurses.

The campaign will be carried out on much the same lines which proved so successful last year, when, it is estimated, fully 10,000,000 had their attention called to the cancer menace and many sufferers from this disease were brought under treatment as a direct result of the intensive "Week's" activity.

In the monthly Bulletin of the Society for August the complete plans for Cancer Week are set forth (copies may be had on request). The activities fall under three main heads: (1) written articles in medical and public health journals and in the lay press; (2) the showing of slides, giving of four-minute talks and the distribution of literature in motion picture theatres; and (3) the delivery of scientific addresses before medical and nursing organizations and of popular lectures before lay audiences.

Here is a wonderful opportunity for nurses to take an active part in educating the public, as well as becoming thoroughly familiar themselves, with the latest modern knowledge concerning this disease. Unfortunately, the acquaintanceship with cancer enjoyed by most nurses is not happy. Usually they arrive on the scene after every vestige of hope of saving the patient has expired. Only the end product of ignorance is presented to them just about as the curtain is to be drawn upon the final act. This picture can and should be materially altered. It is the privilege of nurses to so equip themselves as to be in a position to recognize suspicious *early* symptoms and to persuade those harboring such symptoms to seek immediate, com-

petent medical advice and treatment. This campaign offers an opportunity for the whole nursing profession to enter this fight for the dissemination of the known facts about this disease.

Specially, the American Society for the Control of Cancer suggests that nurses may participate by:

1. Arranging for the presentation of the hopeful, preventive side of the cancer problem before any organization of nurses with which they may be identified. Any well qualified surgeon can make such a lecture not only instructive but interesting.

2. Offering assistance to the local cancer committee in your city or town, for the purpose of helping in the distribution of literature, arranging lectures and spreading the message in all suitable ways.

3. Securing a copy of the special cancer pamphlet for nurses reviewed on p. 600 and becoming thoroughly equipped to guide patients along the road to a cure. Often the nurse is the first to be asked for advice—specially by women, who are the greatest sufferers from this disease.

We have been promised a special article on cancer written by a member of the American Society for the Control of Cancer for an early number of THE PUBLIC HEALTH NURSE.

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### OUR BELGIAN VISITORS

The Commission for Relief of Belgian Educational Foundation have awarded Fellowships in Health Education to fifteen Belgian teachers. Miss Sally Lucas Jean, Director of the Child Health Organization and Miss Fanneal Harrison were appointed by Mr. Herbert Hoover to go to Belgium for the purpose of selecting the teachers.

The Fellowship holders arrived in this country last week and were guests of the Commission for three days in New York.

Mr. Hoover entertained the group at luncheon. Miss Antoinette Tamine expressed, for the Belgian teachers, their appreciation of the opportunity given to them and their eagerness to carry back to their own schools



the best American methods of teaching health.

Ten of the Fellows are now taking courses in health education at Columbia, and five at the Massachusetts Institute of Technology.

#### NOTES FROM CANADA

"Dedicated to the glory of God and for the good of man" were the words used by Dr. John Stewart, Dean of the Faculty of Medicine of Dalhousie University, in laying the corner stone of the Medical Science Laboratory Building of the University, on September 29th. The history of the University was traced by President Mackenzie, who said that in the first half of this generation eight buildings had been either erected or purchased for its needs, and it was not improbable that in the next half of the generation another twelve such buildings would be added. The new building will be used for the present for the study of bio-chemistry, physiology, pharmacology and hygiene.

A post-graduate course given by the University of Dalhousie for the medical profession recently has proved of great interest. On September 28th medical clinics were given by the staff of the Massachusetts-Halifax Health Commission. Health Center No. 1 had its busiest afternoon; it seemed that all the mothers whose babies have ever attended the clinic attended to show how well their babies were doing. Other persons came in for the special demonstrations in chest work and venereal disease. A pre-school age clinic was held, and great interest was shown in the pre-school age dental clinic, in which was demonstrated how the faulty nourishment of the mother during the prenatal period was shown in certain conditions of the children's teeth. An excursion was made to the vegetable garden where 30 families, under nursing guidance, developed gardens during the season that produced crops of fresh vegetables suited to the families' needs.

#### NEWS FROM THE STATES

##### *Illinois*

An interesting program was planned for October 4th by the Chicago Industrial Nurses' Club. One of the members gave a five-minute talk on "The Duty the Industrial Nurse Owes Herself, (a) as to health; (b) as to recreation; (c) as to study." This was followed by free discussion. Another member outlined the most telling points in the life of Adelaide Nutting. It is planned to take up the lives of other leaders because of their inspirational value.

A civil service examination for Bureau of Social Service public health nurses (Rural Cook County) will be held November 25th. Blanks may be obtained from the Civil Service Commission, 5th floor, County Building, Chicago.

Illinois has just welcomed home Miss Helen Scott Hay who, since 1920, has been Director of the American Red Cross Nursing Service in Europe. Miss Hay sailed for Europe in 1914 in charge of a unit of 125; she was sent to Russia, and later to Bulgaria, where she established a school of nursing at Sofia. She returned to Washington, where she was in charge of the Bureau of Instruction of the Department of Nursing of the Red Cross; but in the spring of 1918 she was released to assist in the organization of the Army School of Nursing. She returned to Europe in the fall of the same year and was assigned by the Red Cross as Chief Nurse of the Balkan Commission. In 1919 she was called to Paris to succeed Miss Alice Fitzgerald as Director of American Red Cross Nursing Service in Europe. Miss Hay has been awarded the Florence Nightingale Medal by the International Committee of the Red Cross; and the Order of Regina Maria was given to her by Bulgaria.

Miss Marie T. Phelan, who has been identified with the advance of

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## NOTES FROM THE STATES

(Continued)

the nursing profession in Chicago and the neighboring territory for eleven years, has given up her position as Assistant Director of Nursing of the Central Division of the Red Cross, in order to take a position in the Children's Bureau as a field worker in the administration of the new Maternity Law.

### Indiana

The first full-time Health Unit in Indiana is being organized in Fulton County. It is being made possible by the Tuberculosis Association and the Red Cross furnishing the nursing service and the Rockefeller Foundation financing the Director of the Unit. The State Board of Health, the town of Rochester and the County of Fulton also share in the financing of the Unit.

Through the County Medical Association, Miss Lilla Hescok, the Hendricks County Nurse, secured the services of an eye specialist for an eye clinic. Thirty-five children were examined during one day. Eight received treatment, eleven were refracted; three were discharged as not needing attention, and seventeen will return at a later date for refraction.

### Iowa

The Johnson County Public Health Association has lost its secretary, Mrs. F. C. Doan, and Mrs. George Carver has been appointed her successor. The new secretary's address is, 636 S. Johnson Street, Iowa City.

### Massachusetts

The State Nurses' Association held its autumn meeting on October 7th, in Gloucester, Mass. The Public Health Nurses' Section was presided over by Miss Helen Fowler, and Miss Mary A. Jones, of Fall River, gave a report of the National Organization for Public Health Nursing Convention. An unusual feature of the meeting was a concert given by the Gloucester Carillon of 25 bells which were recently installed in the



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## NEWS FROM THE STATES

(Continued)

northern tower of the Church of Our Lady of Good Voyage.

### New Jersey

The regular fall meeting of the New Jersey State Organization for Public Health Nursing will be held in the Chalfonte Hotel, Atlantic City, N. J., November 4, with an all day meeting. There will be a speaker on Social Hygiene, who will emphasize that subject as related to juvenile delinquency; and Mr. George Ischler will talk on the manufacture of anti-toxin and serums. There will be a "Get-Together" luncheon in conjunction with the State Nurses' Association.

### North Carolina

The North Carolina State Nurses' Association held its Annual Meeting in the Ballroom of the O. Henry Hotel in Greensboro on September 5th, 6th, 7th. Many phases of nursing were discussed and several excellent papers were read. Among the several prominent speakers was Miss Jane Van de Verde of Atlanta, Georgia. The State League of Nursing Education held its Annual Meeting in conjunction with the State Meeting. The meetings were well attended, about two hundred and fifty nurses from the various parts of the State being present.

### Ohio

On September 8th the quarterly conference of public health nurses in the southern district was held at the Elks' Club, Columbus, with Miss Margaret Dorsey, Columbus, presiding. Eighty-seven nurses attended. Miss Gertrude Armstrong, State Department of Health, conducted the opening round table on Tuberculosis. Miss Armstrong was followed by Miss Hilda Hauss, State Department of Health, who held a round table on Prenatal Work. Miss Farmer, Director, Bureau of Public Health Nursing, gave a talk on school nursing with special emphasis on co-operation between nurses and teachers. Mrs. Norma Selbert, Ohio State University, gave a splendid

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## NEWS FROM THE STATES

(Continued)

talk on "The Essential Points to Observe when Doing Public Health Nursing." Miss C. V. McKee, Chief Examiner, State Registration for Nurses, gave a five-minute talk on "Registration," showing the value of registration and urging nurses who are not registered in Ohio but are registered in other states to be registered in Ohio.

Dr. Snively, Director, State Department of Health, opened the afternoon session by an address of welcome to the nurses. He was followed by Dr. F. G. Boudreau, Chief, Division of Communicable Diseases, who spoke on the development of public health nursing throughout the state and co-operation between public health nurses and physicians. Dr. R. G. Leland spoke on child hygiene; Dr. H. J. Gerstenberger on "Feeding of Children"; Dr. Champion on "Nutrition of Children"; Dr. H. G. Beatty on defective speech and methods of correction; Mrs. Burt on "Social Hygiene."

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